

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JAN 23 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700065188427
02/06/06--01005--004 **367.50

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000002852

1. Corporation Name

FLORIDA CHINESE CULTURE CENTER, INC.

2. Principal Office Address

2250 PRINCIPAL ROW

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32837

Country

3. Mailing Office Address

2250 PRINCIPAL ROW

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32837

Country

REINSTATEMENT
CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

05-03-1999

5. FEI Number

59-3573108

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRIAN LIANG

Street Address (P.O. Box Number is Not Acceptable)

832 N. THORNTON AVE

Suite, Apt. #, Etc.

City

ORLANDO.

State

FL

Zip Code

32803

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1-20-2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BO-YU LAO	2250 PRINCIPAL ROW	ORLANDO, FL 32837
TD	PETER WANG	1220 E. COLONIAL DR.	ORLANDO, FL 32803
SD	EDDIE YEH	12028 LAKESHORE DR.	CLERMONT, FL 34711

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER WANG (D)

1-20-2006

Date

Daytime Phone #

407-898-7144