

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 1:38

DOCUMENT # P00000036305

1. Corporation Name

CHINA COAST ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3921 78TH PLACE E
SARASOTA FL 34243

3921 78TH PLACE E
SARASOTA FL 34243

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

8310 MARKET STREET
Suite, Apt. #, etc.

8310 MARKET STREET
Suite, Apt. #, etc.

City & State
BRADENTON, FL

City & State
BRADENTON, FL

Zip
34202

Country
MINNEE

Zip
34202

Country
MINNEE

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/2000

SP

5. FEI Number

593625352

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CHEUNG, TAT Y	3921 78TH PLACE E 8310 MARKET STREET	SARASOTA FL 34243 BRADENTON, FL 34202

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHEUNG, TAT Y
3921 78TH PLACE E
SARASOTA FL 34243

Name
CHEUNG, TAT Y.

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

8310 MARKET STREET

Suite, Apt. #, Etc.

City
BRADENTON

State
FL

Zip Code
34202

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-22-01

11. 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 under section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-01 (941) 9074107