

APPLICATION
FOR
REINSTATEMENT



DIVISION OF CORPORATIONS

DOCUMENT # P00000088513

SUNG KONG, INC.

Mailing Address

~~9063 EAST HIGHLAND PINES BLVD.~~
~~PALM BEACH GARDENS FL 33410~~

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

4. Date Incorporated or Qualified To Do Business in Florida

09/19/2000

Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL

Zip	Country
33065	

5. FEI Number

Applied For

65-1051727

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	YIM, CHAN	9063 E. HIGHLAND PINES BLVD	PALM BEACH GARDENS, FL 33418
VP/SEC	CHEUNG, KONG	9063 E. HIGHLAND PINES BLVD.	PALM BEACH GARDENS, FL 33418
			<div data-bbox="1044 1157 1505 1186">100004658181--4</div> <div data-bbox="1133 1186 1459 1205">-10/29/01--01106--003</div> <div data-bbox="1148 1205 1490 1236">****750.00 ****750.00</div>
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YIM, CHAN
9063 EAST HIGHLAND PINES BLVD.
PALM BEACH GARDENS FL 33418

Name _____

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

Suite, Apt. #, Etc.

City

Stat

Zip Code	
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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

Date 10/15/200

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CB2E04D (8/01)