

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P000000105408**

1. Corporation Name

FLORIDA DRIFTWOOD, INC.

2. Principal Office Address

4650 SW 51 STREET

Suite, Apt. #, etc.

BAY # 705

City & State

DAVIE FLORIDA

Zip

33314

Country

USA

3. Mailing Office Address

704 NW 1ST STREET

Suite, Apt. #, etc.

City & State

HALLANDALE FL

Zip

33009

Country

USA

FILED
04 MAR 23 PM 2:35

ALLAHASSEE, FLORIDA

700030902337
03/23/04--01026--006 **308.75

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/2000

5. FEI Number

651054303

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

DWIGHT CHANG

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

704 NW 1ST STREET

Suite, Apt. #, Etc.

City

HALLANDALE

State

FL

Zip Code

33009

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

3/18/04

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
P/D	DWIGHT CHANG	704 NW 1ST STREET	HALLANDALE FL 33009
V/T	VICTORIA CHANG	2067 62ND PLACE SOUTH	SAINT PETERSBURG FL 33719

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 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

3/18/04

Date

954 456 1931

Daytime Phone #

CR2001 (01/04)

FloridaDriftwood inc.
704 NW 1st Street
Hallandale FL 33009
Ph: 954-456-1931
3/18/04



Attention:

Corporate Reinstatement

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Corporate Reinstatement

Dear Sirs:

Due to an incorrect mailing address the corporation FloridaDriftwood, inc. was dissolved last year. We never recieved our Annuual Report for 2003 and 2004. I contacted your office and they confirmed that the Annual Reports for 2003 and 2004 were returned to your office as undelivered.

I was instructed to pay for last year and the current years Annual reports to be reinstated. Since we never actually recieved the two annual reports, I humbly request that you waive the reinstatement Fee.

Sincerely,

Dwight Chang P/D
FloridaDriftwood inc.

~Thanks!
