

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -5 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019969

1. Corporation Name

NEW CHINA DOLL, INC.

Principal Place of Business

6895-D N 9TH AVENUE
PENSACOLA FL 32504

Mailing Address

6895-D N 9TH AVENUE
PENSACOLA FL 32504



REINSTATEMENT 02

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
D	CHUAN CHIANG, MING	6895-D N 9TH AVENUE	PENSACOLA FL 32504
D	CHU FATSEAS, MING	6895-D N 9TH AVENUE	PENSACOLA FL 32504
D	YUAN YANG, CHING	6895-D N 9TH AVENUE	PENSACOLA FL 32504
D	Fatseas, George	6895D N. 9th Avenue	Pensacola, FL 32504
600009355066 12/04/02--01079--007 **750.00			

8. Name and Address of Current Registered Agent

DEES, DAVID L
3300 N PACE BLVD, SUITE 315
PENSACOLA FL 32505

9. Name and Address of New Registered Agent

Name

GEORGE FATSEAS

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

6895D N 9th AVENUE

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32504

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. or 617.0505, F.S.

Signature of
Registered Agent

David L Dees
REGISTERED AGENT MUST SIGN

Date

11-29-2002

20 Nov 2002

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:

George Fatseas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-29-2002

CR2E040 (8/02)