

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR -9 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000054322

1. Corporation Name

LUCKY GARDEN INC

4135 S SUNCOAST BLVD
HOMOSASSA, FL 34446

2. Principal Office Address - No P.O. Box #

Suite, Apt. #, etc.

City & State

HOMOSASSA

Zip

34446

Country

3. Mailing Office Address

4135 S. Suncoast Blvd

Suite, Apt. #, etc.

City & State

FLA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3723683

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

Tony Lam

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

5367 W. State ST

Suite, Apt. #, Etc.

City

HOMOSASSA

State

FL

Zip Code

34446

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

(Tony) Ying Kit Lam

Date

4-5-07

REGISTERED AGENT MUST SIGN

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
PO	Lam, Tony	5367 W State ST	HOMOSASSA, FL 34446
VD	Eng, EDWARD	550 Travis Ave	Staten Island, NY 10314
STD	LAM, PIK	5367 W State ST	HOMOSASSA, FL 34446

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:

(Tony) Ying Kit Lam

Date

4-5-07

Daytime Phone #

3524221932