

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -8 AM 9:21

DOCUMENT # P01000070254

1. Corporation Name

CHINQUAPIN, INC.

2. Principal Office Address

701 Brickell Avenue

Suite, Apt. #, etc.

#2620

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

701 Brickell Avenue

Suite, Apt. #, etc.

#2620

City & State

Miami, Florida

Zip

33131

Country

USA

REINSTATEMENT 02-06

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 17, 2001

5. FEI Number

☐ 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

Lazara Ameng-Torres

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

c/o 701 Brickell Avenue

Suite, Apt. #, Etc.

#2620

City

Miami,

State

FL

Zip Code

33131

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 February 7, 2006

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	Lazara Ameng-Torres	701 Brickell Ave.-#2620	Miami, Florida 33131
V/D/S	Laurens C. Luckmann	701 Brickell Ave. #2620	Miami, Florida 33131

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lazara Ameng-Torres

Date

2/7/2006 (305) 577-8414

Daytime Phone #