

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY -5 PM 1:55

DOCUMENT # P02000004605

1. Corporation Name

KOK NG, INC.

2. Principal Office Address

3238 S. HWY 441

Suite, Apt. #, etc.

3. Mailing Office Address

3238 S. HWY 441

Suite, Apt. #, etc.

City & State

OKEECHOBEE, FL

Zip

34974

Country

City & State

OKEECHOBEE, FL

Zip

34974

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/14/2002

5. FE# Number

37-1426857

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

KOK CHAM NG

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

3238 S. HWY 441

Suite, Apt. #, Etc.

OKEECHOBEE, FL

City

OKEECHOBEE

800054518128

05/13/05-01054-016 **1050.00

State

FL

Zip Code

34974

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

X Ng Kok Cham

REGISTERED AGENT MUST SIGN

Date

X 4/27/05

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/T/S/D/C	KOK CHAM NG	3238 S. HWY 441	OKEECHOBEE, FL 34974

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:

X Ng Kok Cham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

(KOK CHAM NG)

Date

4/27/05

Daytime Phone #

863-763-2673