

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUL 26 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000011906

1. Corporation Name

Fung YUEN CORPORATION

REINSTATEMENT *02-07*

06/29/07 01:38 009
CR2E081 (1/07) *150*

2. Principal Office Address - No P.O. Box #
6765 SUNSET STRIP

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
SUITE #5

Suite, Apt. #, etc.

City & State
SUNRISE, FL

City & State

Zip
33313

Country
BROWARD

Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEL Number
26-0407363

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
BRENOS MAXIME

Street Address (P.O. Box Number is Not Acceptable)
6765 SUNSET STRIP

Suite, Apt. #, Etc.
SUITE #5

City
SUNRISE

State
FL

Zip Code
33313

☒ 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 *Brenos Maxime*
REGISTERED AGENT MUST SIGN

Date *7/11/07*

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
PRES.	TSAI C CHIANG	6765 SUNSET STRIP #5	SUNRISE, FL 33313

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/07 *954 534 6773*
Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2007

FUNG YUEN CORPORATION
6765 SUNSET STRIP, STE 5
SUNRISE, FL 33313

SUBJECT: FUNG YUEN CORPORATION
Ref. Number: P02000011906

We have received your document for FUNG YUEN CORPORATION and your check(s) totaling \$750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

The annual report/reinstatement application must be signed by an officer or director of the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker
Document Specialist

Letter Number: 007A00041780