

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -1 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000031099**

1. Corporation Name

**MINERAL SOLUTION INC.**

Principal Place of Business

13351 MUSTANG TRAIL  
FORT LAUDERDALE FL 33330

Mailing Address

13351 MUSTANG TRAIL  
FORT LAUDERDALE FL 33330

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**220 US 27 NORTH**

Suite, Apt. #, etc.

City & State

**SOUTH BAY FL**

Zip **33493**

Country **U.S.A.**

3. New Mailing Office Address, If Applicable

**220 US 27 NORTH**

Suite, Apt. #, etc.

City & State

**SOUTH BAY FL**

Zip **33493**

Country **U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/21/2002**

5. FEI Number

**37-1425323**

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	KAI HONG CHAN	220 US 27 NORTH	SOUTH BAY, FL 33493
T/S	MELANIE CHAN	220 US 27 NORTH	SOUTH BAY, FL 33493

500025128255

12/01/03--01073--020 \*\*758.75

8. Name and Address of Current Registered Agent

CHAN, MELANIE  
13351 MUSTANG TRAIL  
FORT LAUDERDALE FL 33330

9. Name and Address of New Registered Agent

Name

**MELANIE CHAN**

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

**220 US 27 NORTH**

Suite, Apt. #, Etc.

City

**SOUTH BAY**

State

**FL**

Zip Code

**33493**

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

REGISTERED AGENT MUST SIGN

Date

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:

**Melanie Chan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/21/03**

Date

Daytime Phone #

CR2E040 (7/03)