

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P02000032964

1. Corporation Name

CHAN'S HOMESTEAD FARM, INC.

Principal Place of Business

Mailing Address

132-07 11TH AVE. 2ND FLOOR
COLLEGE PARK NY 11356

132-07 11TH AVE. 2ND FLOOR
COLLEGE PARK NY 11356

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

31251 227 Ave.
Suite, Apt. #, etc.

PO Box 901289
Suite, Apt. #, etc.

City & State

Homestead, FL
Zip 33030 Country U.S.A.

City & State

Homestead, FL
Zip 33090-1289 Country U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/2002

5. FEI Number

01-0721325

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
D	CHAN, CHAU PING	132-07 11TH AVE. 2ND FLOOR 31251 SW 227 Avenue	COLLEGE PARK NY 11356 Homestead, FL 33030
P	Hing Chan	31251 SW 227 Ave.	Homestead, FL 33030

8. Name and Address of Current Registered Agent

~~LOSNER, STEVEN D~~
~~65 NW 16 ST~~
~~HOMESTEAD FL 33030~~

9. Name and Address of New Registered Agent

Name

CHAN, CHAU PING

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

31251 SW 227 Avenue

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030

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

Chau Ping Chan
REGISTERED AGENT MUST SIGN

Date 11/5/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
03 NOV 14 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 2003



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11/14/03--01005--024 **750.00

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