

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 # P02000040516

1. Corporation Name

NAN FANG, INC.

Principal Place of Business

1150 NW 13TH STREET APT 262 C
BOCA RATON FL 33486

Mailing Address

1150 NW 13TH STREET APT 262 C
BOCA RATON FL 33486

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/2002

5. FEI Number

01-066-4612

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
PD	YU, YAN FANG	1150 NW 13TH STREET APT 262 C	BOCA RATON FL 33486
SD	YU, JIA MING	1150 NW 13TH STREET APT 262 C	BOCA RATON FL 33486

000023802440
10/15/03 01016 016 **158.75

8. Name and Address of Current Registered Agent

YU, YAN FANG
1150 NW 13TH STREET APT 262 C
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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 #

10/10/03 954-934-0034

CR20040 (7/03)

To Whom it may Concern

I have spoken to a service representative regarding to the dissolution of our corporation. She explain to me the procedure ~~if~~ needed to have it reinstated. Your letter of revocation was recieved this week. I have no prior notice of any annual report notice before. And our business was not in operation til April of 2003.

I was being told to sent 150.⁰⁰ to have it recertified.

If you have any question ps feel free to call 954-934-0034.

Thank you!

Sincerely Your

Jiaming Yu President



10-10-03