

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 # P02000087030

1. Corporation Name

MS SOUTH BAY PROPERTIES, INC.

Principal Place of Business

Mailing Address

220 US 27 NORTH
SOUTH BAY FL 33493

220 US 27 NORTH
SOUTH BAY FL 33493

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

08/12/2002

5. FEI Number

03-0531524

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

8. Name and Address of Current Registered Agent

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

Melanie Chan

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

Date

11/21/03

Daytime Phone #

FILED

04 FEB 13 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04



300025128273
02/12/04--01005--029 **150.00

300025128273
12/01/03--01073--021 **758.75

CR2E040 (7/03)