

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 MAR 21 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000100524

1. Entity Name  
CHONG FAMILY CORPORATION



Principal Place of Business

1000 NW 39TH AVE  
MIAMI, FL 33126

Mailing Address

1000 NW 39TH AVE  
MIAMI, FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022005

REIN-P

CR2E098 (6/04)

4. FEI Number

20-022-6757

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHONG, ELIZABETH  
1000 NW 39TH AVE  
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

REINSTATEMENT 04-05

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME CHONG, ELIZABETH  
STREET ADDRESS 1000 NW 39TH AVE  
CITY-ST-ZIP MIAMI, FL 33126

☐ Delete

TITLE DP  
NAME CHONG, MIGUEL  
STREET ADDRESS 1149 WHITE WATER DR  
CITY-ST-ZIP FULLERTON, CA 92833

☐ Delete

TITLE DS  
NAME CERVER, FELIX M  
STREET ADDRESS 1000 NW 39TH AVE  
CITY-ST-ZIP MIAMI, FL 33126

☒ Delete

TITLE DT  
NAME FIGUEROA, NOEL  
STREET ADDRESS 1149 WHITE WATER DR  
CITY-ST-ZIP FULLERTON, CA 92833

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH CHONG

Date

Daytime Phone #

2/24/05

(305) 541-4874