

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 30 AM 11:58

DOCUMENT # *PO 4000059628*

1. Corporation Name

My Lucky, Incorporated

2. Principal Office Address - No P.O. Box #

6460 Birkhead Drive

Suite, Apt. #, etc.

NA

City & State

Pensacola, Florida

Zip

32506

Country

USA

3. Mailing Office Address

6460 Birkhead Drive

Suite, Apt. #, etc.

NA

City & State

Pensacola, Florida

Zip

32506

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

March 31, 2004

5. FEI Number  
41-2132425

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Tai Chau

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

6460 Birkhead Drive

Suite, Apt. #, Etc.

NA

City

Pensacola

State

FL

Zip Code

32506

The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Tai Chau*

REGISTERED AGENT MUST SIGN

Date March 31, 2008

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|--------|--------------------------------------|---------------------------------------------------|--------------------------|
| P      | Tai Chau                             | 6460 Birkhead Drive                               | Pensacola, Florida 32506 |
|        |                                      |                                                   |                          |
|        |                                      |                                                   |                          |
|        |                                      |                                                   |                          |
|        |                                      |                                                   |                          |

*BS/1/08*

REINSTATEMENT *CS-08*

800126957658  
04/30/08--01003--004 \*\*600.00

10. 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 contained in Chapter 119, 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:

*Tai Chau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31

Date

(850) 529-4232

Daytime Phone #