

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 # PO4000059628

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

Date March 31, 2008

REGISTERED AGENT MUST SIGN

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

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

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 2

Date

(850) 529-4232

Daytime Phone #