

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 MAR 12 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 90500000 7148

1. Corporation Name

JU YUAN FU TANG, INC.

**REINSTATEMENT 06-08**

CR2E081 (12/07)

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

22509 SW 65TH TER

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33428

Country

3. Mailing Office Address

22509 SW 65TH TER

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33428

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-2183482

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

LIU, SITONG

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

22509 SW 65TH TER

Suite, Apt. #, Etc.

City

BOCA RATON, FL

State

FL

Zip Code

33428

☒ 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

REGISTERED AGENT MUST SIGN

Date

**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
PDST	LIU, SITONG	22509 SW 65TH TER	BOCA RATON, FL 33428
			200118135142 02/15/08--01023--016 **300.00
			200118135142 03/24/08--01004--008 **150.00

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:

*X Liu Sitong*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-2008

Date

954-673-5397

Daytime Phone #