

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 13 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000051620

1. Corporation Name

MEI WEI INC.

REINSTATEMENT 06-09

200161647722
10/13/09--01033--011 **\$600.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
3399 S. HWY 441

3. Mailing Office Address
3399 S. HWY 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OKEECHOBEE, FL

City & State
OKEECHOBEE, FL

Zip Country
34974 USA

Zip Country
34974 USA

4. Date Incorporated or Qualified
To Do Business in Florida 04/07/2005

5. FEI Number
20-2647090

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
LIN, SHU MEI

Street Address (P.O. Box Number is Not Acceptable):
3399 S. HWY 441

Suite, Apt. #, Etc.

City
OKEECHOBEE

State Zip Code
FL 34974

☒ 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

Shu mei Lin

Date

10/8/09

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
PRESIDENT	LIN, SHU MEI	3399 S. HWY 441	OKEECHOBEE, FL 34974
			<i>10/14</i>

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:

Shu mei Lin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/8/09

Daytime Phone #