

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

200 JUN -2 A 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300181615693

06/02/10--01006--003 **500.00

CR2E081 (6/10)

DOCUMENT # P08000094271

1. Corporation Name

FIV Family TRADITION, INC

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

3. Mailing Office Address

11140 WANDERING OAK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, F.L.

Zip

Country

32257

Zip

Country

32257

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/2008

5. FEI Number

26-3638098

☐ 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

11140 WANDERING OAK DR ZHEN, Chao

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

11140 WANDERING OAK DR

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32257

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

Chao ji zhen

REGISTERED AGENT MUST SIGN

Date

6/2/10

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	ZHENG, Chao	11140 WANDERING OAK DR	Jacksonville FL 32257

REINSTATEMENT

09-10
98

300181615693

06/02/10--01006--004 **408.75

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Chao ji zhen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/2/10

Daytime Phone #