

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 JUL -6 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** PA3000018325

1. Corporation Name

**HIEP-TSING CORPORATION, INC.**

Principal Place of Business

**5050 N. Tamiami Trail  
Sarasota, FL 34234**

Mailing Address

**6011 Chaparral Drive  
Sarasota, FL 34234**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

**6011 Chaparral Drive**

Suite, Apt. #, etc.

City & State

**Sarasota, Florida 34243**

Zip

**34243**

Country

**USA**

4. Date Incorporated or Qualified

To Do Business in Florida **03/08/93**

5. FEI Number

**593170162**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required  
for a Certificate of Status**

47-00

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Dean Tran	6011 Chaparral Drive	Sarasota, FL 34243
S/D	Linda Tran	6011 Chaparral Drive	Sarasota, FL 34243

**500003328715--7**

**-07/19/00--01118--008**

**\*\*\*1200.00 \*\*\*1200.00**

8. Name and Address of Current Registered Agent

**Dean Tran  
6011 Chaparral Drive  
Sarasota, FL 34243**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

**LS**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Dean Tran*

REGISTERED AGENT MUST SIGN

Date

**7/3/00**

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dean Tran**

Date

Daytime Phone #

**7/3/00**

CR2E081 (12/99)