

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

09 APR 30 PM 12:03

DOCUMENT # P93000044301

1. Corporation Name

LIU HO, INC.

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

675 N. 3RD ST

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH FL

Zip

32250

Country

US

3. Mailing Office Address

675 N. 3RD ST

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH FL

Zip

32250

Country

US

400151798944
04/22/09--01021--019 **1500.00

CR2E081 (12/08)

REINSTATEMENT 04-09

4. Date Incorporated or Qualified
To Do Business in Florida 06/23/1993

5. FEI Number
593200523

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

Ford, Bowlus, Duss, Kenney, Safer & Hampton, P.A.

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

10110 San Jose Boulevard

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32257

☐ 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

Michael Bowlus

Date

4/28/09

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
P, D	Chen Yu Hsu	13613 Marsh Harbor Dr. N.	Jacksonville, FL 32225
VP	Yun Mei Wang	13613 Marsh Harbor Dr. N.	Jacksonville, FL 32225
VP,S,T	Michael Hsu	12037 Hammock Oaks Dr.	Jacksonville, FL 32223

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/14/09

Daytime Phone #

(904)

221-9786