

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED  
 AND  
 FILED

97 JUL 31 AM 9:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR 95-97  
 REINSTATEMENT

DOCUMENT # P93000052021

1. Corporation Name

JOAN HAZ, INC.

Principal Place of Business

Mailing Address

331 N.E. 18th. ST.  
 Miami, FL. 33132

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

2. New Principal Office Address, If Applicable

16300 N.E. 19th Ave.

Suite, Apt. #, etc.

204

City & State

North Miami Beach, FL

Zip

33162

Country

USA

3. New Mailing Office Address, If Applicable

16300 N.E. 19th Ave.

Suite, Apt. #, etc.

204

City & State

North Miami Beach, FL

Zip

33162

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

July, 1993

5. FEI Number

65-0429035

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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
President	QIONG WANG	16300 N.E. 19th Ave Suite 204	N.M.B. FL. 33162

300002257613--3  
 -08/05/97--01016--007  
 \*\*\*1088.75 \*\*\*1088.75

8. Name and Address of Current Registered Agent

Joanna Wang  
 16300 N.E. 19th Ave.  
 # 204  
 N.M.B. FL. 33162

8. 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

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

*Qiong Wang*  
 REGISTERED AGENT MUST SIGN

Date 6-19-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 817.0401, 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:

*Qiong Wang*

QIONG WANG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-97

Date

305-945-2688

Daytime Phone #

CR25240 (12/96)