

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

03 JAN -9 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000007916

1. Corporation Name

LAM'S ASIAN MARKET CORPORATION

Principal Place of Business

4213 N. STATE ROAD 7  
LAUDERDALE LAKES FL 33319  
US

Mailing Address

4213 N. STATE ROAD 7  
LAUDERDALE LAKES FL 33319  
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/01/1994

5. FEI Number

APPLIED FOR

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KAM PUI LAM, PAUL	4213 N. STATE ROAD 7	LAUDERDALE LAKES FL 33319
P	Kam Pui Paul Lam	4213 N. STATE ROAD 7	LAUDERDALE LAKES FL 33319

8. Name and Address of Current Registered Agent

KAM PUI LAM, PAUL  
4213 N. STATE ROAD 7  
LAUDERDALE LAKES FL 33319

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

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 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

Date

Daytime Phone #

CR2040 (8/02)

To Whom It May Concern:

My name is Kam Pui Paul Lam, I am the president of Lam's Asian Market Corp. Recently, the number I gave you the tax ID is Incorrect, because the old number were the previous owner. So the new number is 75-3084950. Please make a note that number is right one. Also, my name is spell is Kam Pui Paul Lam. Thank you for your help.

Sincerely yours,  
Kam Pui Paul Lam  
29 October 2002