

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAR 30 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014394

1. Corporation Name

ASIAN PACIFIC DEVELOPMENT CORP

W11-14743

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

2881 E OAKLAND PARK BLV

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 307

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

Zip

33306

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-18-94

5. FEI Number

65-0467283

☐ 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

RANDOLPH AVON

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

2100 NE 55TH STREET

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33308

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 ☒

REGISTERED AGENT MUST SIGN

Date 3/1/11

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
PRES	RANDOLPH AVON	2100 NE 55TH STREET	FT LAUDERDALE FL 33308
V.P.	JOAN M. AVON	2100 NE 55TH STREET	FT. LAUDERDALE, FL 33308

10. E-mail Address: ☒

KAPALUANUI@AOL.COM

(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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/11