

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
02 APR 2002  
APR 14 5

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

pay \$1800

REINSTATEMENT 95-02

DOCUMENT # P94000031498

1. Corporation Name

GREAT ASIA INC.

2. Principal Office Address

5990 N. FEDERAL HWY

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33487

Country

PALM BEACH

3. Mailing Office Address

5990 N. FEDERAL HWY

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33487

Country

PALM BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

4/25/1994

5. FEI Number

65-0490803

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

QUACH, HUY KIEM

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

219 GLOUCESTER ST.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33487

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

Huy Quach

Date

4/2/2002

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
PD	QUACH, HUY KIEM	219 GLOUCESTER ST.	BOCA RATON, FL 33487

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 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:

Huy Quach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUY KIEM QUACH

Date

4/2/2002

Daytime Phone #

(813) 989-0031

CR2E001 (9/01)

28 5/8/02