

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 12 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **094000052392**

1. Corporation Name

SJ Seminole Food Inc.

2. Principal Office Address

238 Towne Center Cir.,

Suite, Apt. #, etc.

VC11

City & State

Sanford, FL

Zip

32771

Country

USA

3. Mailing Office Address

7650 Birchmount Road

Suite, Apt. #, etc.

City & State

Markham, Ontario

Zip

L3R 6B9

Country

Canada

000054206580

05/10/05--01045--003 **2250.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 29, 1994

5. FEI Number

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

Richard Ko

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

West Oaks Mall, 9401 W. Colonial Dr., Ste. 252

Suite, Apt. #, Etc.

City

Ocoee

State

FL

Zip Code

34761

REINSTATEMENT 05-05

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 **April 6, 2005**

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
VDST	Jamesina Chim	23 Dean Street, #1	Brooklyn, NY 11201
VD	Alex Pang	9 Highbridge Road	Richmond Hill, ON L4B 1Y2
PD	Christine Ko	41 Goodnow Lane	Framingham, MA 01702

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alex Pang

4/6/05

Date

(905) 474-0710

Daytime Phone #

CR2E081 (01/05)