

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 31 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000075432

1. Corporation Name

SAN WOR INC.

2. Principal Office Address

3327. SHERIDAN ST.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

33021

Country

U.S.A

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

33021

Country

USA

REINSTATEMENT

01-05

MRD

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

10/13/1994

5. FEI Number

650536053

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

ELLIOT MELAMZD

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

12460 WEST ATLANTIC BLVD

Suite, Apt. #, Etc.

City

CORAL SPRING

State

FL

Zip Code

33071

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

Elliot MRD

Date

1/14/05

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
P/S	HARRY SHUM	4971 S.W. 34 TER	HOLLYWOOD, FL 33312
V/T	STULING ZEE	4971 S.W. 34 TER	HOLLYWOOD, FL 33312

000046285410

02/10/05--01002--005 **1350.00

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:

HARRY SHUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-25-05

Daytime Phone #

(954) 9871388

CR2E081 (01/04)