

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000086717**

1. Corporation Name

LAU ENTERPRISES OF CANADA CORPORATION

Principal Place of Business

Mailing Address

2630 SW 31 AVE
MIAMI FL 33133
US

2630 SW 31 AVE
MIAMI FL 33133
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

11/30/1994

5. FEI Number

65-0536861

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City, State, and Zip Code
VD	LAU, DAVID C YUN	2630 SW 31ST AVENUE	MIAMI FL
PD	LAU, CHAK Y	2630 SW 31 AVE	MIAMI FL 33130
STD	CHI YAN LAU, HENRY	2630 SW 31 AVE	MIAMI FL 33130

REINSTATEMENT 99-11TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAU, CHAK Y
2630 SW 31ST AVENUE
MIAMI FL 33133

Name David Lau
Street Address (P.O. Box Number is Not Acceptable)
2630 SW 31 Ave.
Suite, Apt. #, Etc.

City Miami

State FL

Zip Code 33133

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.

Signature of
Registered Agent

David Chi Yun Lau

Date 10/19/99

REGISTERED AGENT MUST SIGN

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:

David Chi Yun Lau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/99
Date

305 444-3534
Daytime Phone #