

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 NOV 10 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 995060006514

1. Corporation Name

ORIENTAL ELECTRONICS INC.

Principal Place of Business

Mailing Address

48 E. FLAGLER ST (SUITE 20)  
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

48 E. FLAGLER ST.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#20

City & State

MIAMI FL

City & State

Zip

Country

33131

DADE

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

JANUARY 23 1995

5. FEI Number

65-0558910

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES	KENNETH JOSEPH KONG	9210 PATINA DRIVE	BOYNTON BEACH FL 33437
SEC.	HELEN KONG	9210 PATINA DRIVE	BOYNTON BEACH FL 33437

4000002346694--5  
-11/13/97--01084--003  
\*\*\*915.00 \*\*\*915.00

11/13

8. Name and Address of Current Registered Agent

KENNETH JOSEPH KONG  
9210 PATINA DRIVE  
BOYNTON BEACH FL 33437

9. Name and Address of New Registered Agent

KENNETH JOSEPH KONG  
Street Address (P.O. Box Number is Not Acceptable)  
48 E. FLAGLER ST (SUITE 20)  
Suite, Apt. #, Etc.  
MIAMI (SUITE 20)  
City  
MIAMI  
State  
FL  
Zip Code  
33131

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

Moises Pitchon, ATTORNEY IN FACT  
Date NOVEMBER 7 1997

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

Moises Pitchon ATTORNEY IN FACT

Date

Daytime Phone #

11/7/97

CR2040 (2-96)