

1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 NOV 17 PM 4: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000007240

1. Corporation Name
GOOD FRIENDS COMBINATION, INC

663 NW 159 AVENUE
663 NW 159 AVENUE

2. Principal Office Address 663 NW 159 AVENUE		3. Mailing Office Address 663 NW 159 AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PEMBROKE PINES, FLORIDA		City & State PEMBROKE PINES, FLORIDA	
Zip 33028	Country BROWARD	Zip 33028	Country BROWARD

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 01/24/1995

5. FEI Number 65-0550452

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

Applied For
Not Applicable

7. Name and Address of Current Registered Agent

Name
WEI LI

Street Address (P.O. Box Number is Not Acceptable)
663 NW 159 AVENUE

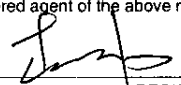
Suite, Apt. #, Etc.

City
PEMBROKE PINES

State
FL

Zip Code
33028

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  Date 11/10/04

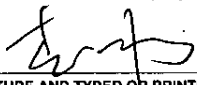
REGISTERED AGENT MUST SIGN

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	CHANG, NORMAN WAI HOU	759 W. 78TH STREET	HIALEAH, FL 33014
V	LI, WEI	663 NW 159 AVENUE	PEMBROKE PINES, FL 33028

703042841407
11/17/04--01062--011 **300.00

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:  WELI 11/10/04 305-470-0038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1042

B

2012
Yahoo! Mail - willy1688@yahoo.com.



Print - Close Window



Good Friends Combination, Inc.

663 NW 159th Avenue

Pembroke Pines, FL 33028

Phone: (305) 470-0038 Fax: (305) 470-0027

November 11, 2004

Department of State

Division of Corporations

P.O Box 6327

Tallahassee, FL 32314

Dear State Department Officer:

Recently, we discovered that our company did not file the Uniform Business Report for two years. In early 2002, we moved to our new location in Broward County, I think that the notices your department sent to our company in Miami were not forwarded to our new address. Therefore, my company was dissolved in 2003. In view of the above-mentioned problem, we request the department to abate all penalties and reinstatement charge. The signed reinstatement report and past due \$300.00 filling fees for year 2003 and 2004 are enclosed.

Thank you for considering our abatement request and process the attached re-instatement.

Sincerely,

Wei Li

Vice President