

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 19 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000069238

1. Corporation Name

ORIENTAL MART, INC.

Principal Place of Business

2355 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

Mailing Address

2355 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1995

5. FEI Number

65-0605291

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	LEE, ALBERT	1809 UNIVERSITY DRIVE	CORAL SPRINGS FL 33071
VD	HUA, ANH	1809 UNIVERSITY DRIVE	CORAL SPRINGS FL 33071
VD	LEE, SAMUEL Y	1809 UNIVERSITY DRIVE	CORAL SPRINGS FL 33071
SD	HUI, POK K	1809 UNIVERSITY DRIVE	CORAL SPRINGS FL 33071
TD	LAM, TOMMY	1809 UNIVERSITY DRIVE	CORAL SPRINGS FL 33071

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

ALBERT LEE

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

19149 SKYRIDGE CIRCLE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

200025630648
12/19/03--01040--006 **750.00

Date 12/15/2003

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/15/2003

CR2E040 (7/03)