

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000005331

1. Corporation Name  
CICI II, INC.

Principal Place of Business  
3161 W. OAKLAND PARK BLVD.  
OAKLAND PARK FL 33311

Mailing Address  
3161 W. OAKLAND PARK BLVD.  
OAKLAND PARK FL 33311

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

15425 GUNTLET HALL  
City & State

DAVIS  
Zip

FL  
Country

BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

01/17/1996

5. FEI Number

65-0635501

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CHONG, EDWARD	3161 W. OAKLAND PARK BLVD.	OAKLAND PARK FL 33311
D	CHONG, HYON H	3161 W. OAKLAND PARK BLVD.	OAKLAND PARK FL 33311

000002382370-1  
-12/24/97-01068-020  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

CHONG, EDWARD  
3161 W. OAKLAND PARK BLVD.  
OAKLAND PARK FL 33311

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Edward Chong  
REGISTERED AGENT MUST SIGN

Date

12/19/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

Edward Chong  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/19/97 (305) 576-8787

FILED

97 DEC 22 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

CS25040 (8/97)