

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 26 AM 10:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000033086

1. Corporation Name

LIN'S FAMILY INVESTMENTS, INC.

W-23925

2. Principal Office Address

8505 Mills Drive

3. Mailing Office Address

Suite, Apt. #, etc.

G103

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33183

Country

Dade

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/12/96

5. FEI Number

650797133

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHARLES K. LIN

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

8505 Mills Drive #G103

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33183

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

Charles K. Lin

REGISTERED AGENT MUST SIGN

Date 9/28/2000

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
D	ESTHER S. LIN	2611 Grants Lake Blvd #161	Sugarlane, TX 77479

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:

Esther Lin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-28-2000 305-358-0001

KE

CR2E081 (9/99)