

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -6 PM 2: 25

DOCUMENT # P97000030883

1. Corporation Name

SYLVIE CHIN CORP.

Principal Place of Business

Mailing Address

4713 61ST. AVENUE
TERR. W.
BRADENTON FL 34210

4713 61ST. AVENUE
TERR. W.
BRADENTON FL 34210

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/04/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3450136

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
D	CHIANG, MAO-CHIANG	4713 61ST. AVENUE TERR W.	BRADENTON FL 34210
D	ISABELLE, SYLVIE	4713 61ST. AVENUE, TERR. W.	BRADENTON FL 34210

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHIANG, MAO-CHIN
4713 61ST. AVENUE
TERR. W.
BRADENTON FL 34210

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

REGISTERED AGENT MUST SIGN

Date

11/20/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 748-0403

P97000030883

Sylvie Chin Corp.
4713 61st Avenue
Bradenton, FL 34210

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

November 20, 2000

Dear Sir/Madam,

Re: Document # P97 0000 30883
Sylvie Chin Corp.

We are writing this letter to request reinstatement of the above corporation and also to request for a waiver of the penalty fee associated with reinstating the company. We were not aware that the company was dissolved as we do not have any record of receiving the annual report for 2000.

Please accept the enclosed check of \$150.00 to cover the 2000 annual report fee.

Thank you for your attention and assistance in this matter.

Yours truly,

Mao-Chin Chiang

