

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
TAMMIE HARRIS  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED

01 OCT 15 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000075978

1. Corporation Name

SENG CHOW CORPORATION

Principal Place of Business

Mailing Address

8275 N FLAGLER  
MIAMI FL 33144  
US

8275 N FLAGLER  
MIAMI FL 33144  
US

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

09/02/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0792784

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
P	SENG, EMILIO D	14260 SW 57TH LN, #202	MIAMI FL 33183
S	SENG, NORMA L	14260 SW 57TH LN, #202	MIAMI FL 33183
T	SENG, EDDY A	14207 TOWNSHIRE	HOUSTON TX 77077
VP	SENG, MARTHA L.	14260 S.W 57Ln, #202	Miami, FL 33183
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SENG, NORMA L  
14260 S.W.57 LANE #202  
MIAMI FL 33183

Name

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

Suite, Apt. #, Etc.

City

800004657798--9

-10/29/01--01083--012

\*\*\*150.00 State Fee \*\*\*150.00

FL

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/12/2001

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 #

10/12/2001 (305) 262-6252

FROM : EASENG\_\_\_\_

PHONE NO. : 7132245250

Oct. 12 2001 11:39AM P1

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**SENG CHOW CORPORATION  
8274 W FLAGLER  
MIAMI, FL 33144  
(305) 262-6252**

October 12, 2001

Division of Corporations  
Florida Department of State

Dear Ladies & Gentlemen:

Pursuant to our telephone conversation today, I am enclosing an application for reinstatement of Seng Chow Corporation and a check in the amount of \$150.00 to pay our franchise fees for year 2000.

We are requesting that you waive the State penalties for not filing by the due date since we did not receive the necessary forms to file the required report.

If you need additional information, please contact us at the above address.

Sincerely,

  
Norma Seng  
Corporate Secretary