

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99AR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **997000092473**

99 SEP 22 PM 2:33

1. Corporation Name

CHINA INN ENTERPRISES INC.

Principal Place of Business

Mailing Address

5198 W. Irlo Bronson HWY
Kissimmee Fl., 34758

Same

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

2. New Principal Office Address, If Applicable

Same above

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Same above

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 27, 1997

5. FEI Number

59-345801P

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. Name of Officers
and/or Directors

2.

3. Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

4.

City / State / Zip

P,VP,St NANCY NISHI HWU

2501 Sage Drive

Kissimmee, Fl., 32758

200002996862--3

03/24/99-01083-003

*****550.00 *****550.00

8/9/23

8. Name and Address of Current Registered Agent

Mike Jabbari
107 N. Longwood Ave.
Alt.Spgs., Fl., 32701

9. Name and Address of New Registered Agent

Name
Nancy Nishi Hwu

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

2501 Sage Drive

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

32758

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

Nancy Nishi Hwu

REGISTERED AGENT MUST SIGN

Date 8-19-99

11. This corporation owes 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.

Nancy Nishi Hwu

SIGNATURE: NANCY NISHI HWU (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-99

Date

(407)390-1168

Daytime Phone #

CR2001 (12/98)