

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 2004 8:00 A.
Secretary of State

DOCUMENT # P 98000041626

1. Corporation Name

KAM TAI INC.
C/O FIELD & KUAN CPAS PC

2. Principal Office Address

11471 W SAMPLE RD

Suite, Apt. #, etc.

410

City & State

CORAL SPRINGS FL

Zip

33065

Country

DADE

3. Mailing Office Address

5 TUDOR CITY PLACE

Suite, Apt. #, etc.

1425

City & State

NEW YORK NY

Zip

10017

Country

NEW YORK

REINSTATEMENT

03-04

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

05/07/98

5. FEI Number

13-4010884

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

CHAU, ANDREW

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

11471 W SAMPLE RD

Suite, Apt. #, Etc.

#410

City

CORAL SPRINGS

200035556772

05/06/04 State 01021 do 015 **900 00
FL 33065

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/28/04

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
P	CHAU, THAY CHHOY	11471 W SAMPLE RD # 410	CORAL SPRINGS FL 33065
VP	CHAU, LI CHHANG	84-14 60 RD	ELMHURST NY 11773
S	CHAU, ANDREW	11471 W SAMPLE RD #410	CORAL SPRINGS FL 33065

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date

Daytime Phone

[Signature]

CR2E081 (01/04)