PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



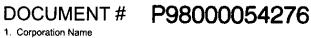
## FLORIDA DEPARTMENT OF STATE Katherine Hagris

Secretary of State

DIVISION OF CORPORATIONS

00 MAR -8 AM 10: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA



HONG YIP CORP.

Principal Place of Business

Mailing Address

1701 S FIRST ST #13 & #14 LAKE CITY FL 32025

1701 S FIRST ST #13 & #14 LAKE CITY FL 32025

							11114 P.1842 11944 14919 5111 1531		
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						Date Incorporated or Qualified			
		C. ia A = 4 #				To Do Business in Florida 06/17/1998			
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. FEI Number Applied For				
City & State		City & State					Not Applicable		
Zip	Country	Zip	Countr	у	6. CERTIFICATI		.75 Additional Fee required for a Certificate of Status		
7. Names a	and Street Addresses of Each Officer an	d/or Director (Flo	rida nonprofit corpora	ations must list at lea	ast 3 directors)				
Title(s)			Off	reet Address of Each ficer and/or Director		City / State / Zip 2			
PRĒSI <b>DE</b> NJ	JAMES KIN BOR	WOO	1701 S F	ivst ST #	13 1#14	LAKE CITY	FL 32025		
					31	-03/15/00	01102016		
	531			<del></del>		*****(38. f3	**** <sup>758.75</sup>		
					arai <b>T</b>	99			
			REIN	STATEN		-03/15/00 -03/15/00 ****150.00	01102017 - ****150.00		
	8. Name and Address of Currer	t Registered Age	ent		9. Name and A	address of New Registered	Agent		
				Name . A	<u> </u>	24716	966/8		
	JAMES S.FIRST-\$73 & #14		-	Street Address (+	O. Box Number	is Not Acceptable)  \$7REET	2 CR2E040 (999)		
LAKE	CITY FL 32025			Suite, Apt. #, Etc.	3 8 4	; # 13 f	# 14		
				City LAKE	CITY	Stat FL	2ip Code 32 0 2 (		
10. I, being Signature of Registered	Agent is a second of the secon		MEQL	ith and accept the of	bligations of Secti	on 607.0505, F.S.	139		
this rein: owed by	that I am an officer or director or the rec statement application, the reason for dis y the corporation have been paid and the application is true and accurate, and my	solution has been a names of individ	eliminated, the corpo	orate name satisfies m do not qualify for	the requirements an exemption und	of section 607.0401 or 617.0	0401, F.S., that all fees		