

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 21 AM 11:47

DOCUMENT # P98000080975

1. Corporation Name

J + L Oriental Market, Inc

200003524462--1  
-01/05/01--01019--020  
\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

857 Sand Lake Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

FL

Zip

32809

Country

Orange

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3530092

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

Joanna Ly

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

857 Sand Lake Rd

Suite, Apt. #, Etc.

City

Orlando FL 32809

State

FL

Zip Code

32809

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

X   
REGISTERED AGENT MUST SIGN

Date

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	Jimmy Hiu	857 Sand Lake Rd	Orlando FL 32809
VP	Joanna Ly	"	"

AD

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joanna Ly Nov/20/2000 (407) 816-1700

Date

Daytime Phone #

CR2E061 (9/99)

FL DEPT OF STATE  
P O BOX 6327  
TALLAHASSEE FL 32314

RE: REINSTATE OF CORPORATION P98000080975

Nov. 15, 2000  
Dear Sir;

We are writing this letter to request reinstate our corporation status.

Recently we are working on some financial document and found out that our corporation was inactive due to not filing annual report. Please understand hat we are not intend to ignore the notice and we never receive any notice regarding annual report since we incorporated. Enclosed are \$150.00 for the filing fee for 1999 , please accept our request and reinstate our corporation status.

Your attention on this matter are very appreciated.

  
Loanna Ly/ OFFICER