

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 PM 4:16

DOCUMENT # P98000086519

1. Corporation Name

SUN SUN HING CORPORATION

Principal Place of Business

Mailing Address

~~5602 56TH COMMERCE PK~~
TAMPA FL 33510

PO BOX 11462
TAMPA FL 33610



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

10/07/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33610

USA

5. FEI Number

59-3538355

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TSE, DAVID	5602 56TH COMMERCE PK BLVD 6002 BONACKER DR.	TAMPA FL 33610
VP	CHUNG, KWON	5602 56TH COMMERCE PK BLVD 6002 BONACKER DR.	TAMPA FL 33610
T	DUONG, HUNG	5602 56TH COMMERCE PK DAVID 6002 BONACKER DR.	TAMPA FL 33610
			200003856752-3 -03/16/01--01105--018 ****300.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TSE, DAVID
507 WYNNWOOD DRIVE
BRANDON FL 33511

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date 02/13/01

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID W. TSE

Date

Daytime Phone #

12/22/00 813-623-6756

CR2040 (8/00)