

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 29 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

800034379048
04/28/04--01014--027 **900.00

DOCUMENT # **P99000001548**

1. Corporation Name

Hong Fung Development U.S. Corp.

2. Principal Office Address

2800 N.W. 47th Terrace

Suite, Apt. #, etc.

409

City & State

Ft. Lauderdale FL

Zip

33313

Country

USA

3. Mailing Office Address

P.O. Box 460366

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

Zip

33346

Country

USA

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

1999

5. FEI Number

65-0907081

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

Michelle Kong

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

2800 N.W. 47th Terrace

Suite, Apt. #, Etc.

Apt # 409

City

Ft Lauderdale

State

FL

Zip Code

33313

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

4/17/04

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
<i>Pres.</i>	<i>Michelle Kong</i> <i>2800 N.W. 47th Terrace</i>	<i>2800 N.W. 47th Terrace</i> <i>Ft. Lauderdale apt 409 FL</i>	<i>33313</i>

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

Date

4/17/04

Daytime Phone #

561 308 2282

CR2081 (01/04)