

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99 0000 69720**

1. Corporation Name

**MULTI-BIZ AE, INC**

2. Principal Office Address

**5837 NW 49TH LN**

Suite, Apt. #, etc.

City & State

**COCONUT CREEK, FL**

Zip

**33073**

Country

**BROWARD**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 04-05**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**65-0943394**

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

**LIONEL FUNG-LOY**

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

**5837 NW 49TH LANE**

Suite, Apt. #, Etc.

City

**COCONUT CREEK**

State

**FL**

Zip Code

**33073**

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**

**LEA**

REGISTERED AGENT MUST SIGN

Date

**4-14-05**

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	LIONEL FUNG LOY	5837 NW 49TH LANE	COCONUT CREEK FL 33073

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**

**LEA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-14-05 954-663-0123**

Daytime Phone #

CR2E081 (01/05)

252

**MULTI-BIZ AE, INCORPORATED**  
**5837 NW 49<sup>TH</sup> Lane**  
**Conover Creek, Florida 33073**  
**(954) 663-0173**

**April 14, 2005**

**Division of Corporation**  
**POB 6327**  
**Tallahassee, Florida 32314**

**Reference: Multi-Biz AE, Inc.**

**To Whom It May Concern:**

**I am writing this letter in hopes to reinstate my Corporation (MULTI-BIZ, Inc. EIN 65-0943374). The reinstatement application is attached along with a check for \$308.75 to cover the 2004 and 2005 renewal fee PLUS Certification Status.**

**I am requesting that the penalty be abated for the following reasons. First off, I did not receive the Renewal Form for the 2004. I think the Corporation was administratively terminated when I did not respond for the 2004 year. For those reasons, the 2005 application was not sent and the application was not filed.**

**I discovered the corporation was inactive when I checked its status on my computed.**

**I will greatly appreciate if you will abate this penalty and reinstate this corporation as requested.**

**Sincerely;**



**Lionel Fung Loy**  
**President**

*PS: P99000069720*