

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL 20 PM 1:44



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

DOCUMENT # P99000094237

1. Corporation Name **FAR EAST TREASURES, INC**

2. Principal Office Address

3500 45TH STREET

Suite, Apt. #, etc.

UNIT 9 + 10

City & State

WEST PALM BEACH, FL

Zip

33407

Country

U.S.

3. Mailing Office Address

3500 45TH STREET

Suite, Apt. #, etc.

UNIT 9 + 10

City & State

WEST PALM BEACH, FL

Zip

33407

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 25, 1999

5. FEI Number

65-0954414

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

PETER GAN

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

3500 45TH STREET

Suite, Apt. #, Etc.

UNIT 9 + 10

City

WEST PALM BEACH

State

FL

Zip Code

33407

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

REGISTERED AGENT MUST SIGN

Date **JULY 7, 2001**

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	PETER GAN	3500 45TH STREET	WEST PALM BCH. FL 33407
S	WILLIE CHIN	15 Adlers Lane	Staten Island, NY 10307
T	WENG KUN LAI	1401 VILLAGE BLVD. APT 1818	WEST PALM BCH, FL 33409

SP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(PETER GAN)

Date

Daytime Phone #

JULY 7, 2001 5616899792

CR2E081 (9/00)