

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 JAN 26 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S01508

1. Corporation Name

TING KUOH SHIH, INCORPORATED

Principal Place of Business

6636 S. FEDERAL HWY.  
PORT ST. LUCIE FL 34952  
US

Mailing Address

6636 S. FEDERAL HWY.  
PORT ST. LUCIE FL 34952  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/20/1990

5. FEI Number

65-0219656

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	SHIH, TING KUO	2102 PYRAMID RD.	PORT ST. LUCIE FL
			400002415284--1 -01/28/98--01111--003 ****900.00 ****900.00
			REINSTATEMENT 97-98
			A. Alan
			Jan. 26, 1998

8. Name and Address of Current Registered Agent

YEH JANE, LIU CHAO  
108 AZALEA CIRCLE  
BOYNTON BEACH FL 33436

9. Name and Address of New Registered Agent

Name

SHIH, TING KUO

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

2102 PYRAMID ROAD

Suite, Apt. #, Etc.

City

PORT ST. LUCIE

State

FL

Zip Code

34952

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]*  
REGISTERED AGENT MUST SIGN

Date 1/23/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on Intangible tax.)

12. 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

1/23/98

Date

561-464-8861

Daytime Phone #

CR2E040 (8/97)