

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

1997 OCT 17 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V44910**

1. Corporation Name

Jade House of Lighthouse Point, Inc.

W97-22899

Principal Place of Business

Mailing Address

22620 Blue Fin Trail
Boca Raton, Florida 33428

Same

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

July 19, 1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0340743

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Helen Cheng, Pres./Director	23213 OLD INLET BRIDGE - DR	Boca Raton, FL 33433
VP/D	Rita Wu, Vice Pres./Director	4925 COCONUT CREEK COCONUT CK	FL 33063
S/D	Tina Cheng, Sec./Director	23213 OLD INLET BRIDGE - DR	Boca Raton, FL 33433

REINSTATEMENT

**94-97
10/19/97**

8. Name and Address of Current Registered Agent

John Lam
22620 Blue Fin Trail
Boca Raton, FL 33428

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number)

10000 325381--7

Suite, Apt. #, Etc.

-10/21/97--01030--001

***1253.75 ***1253.75

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

JOHN LAM
REGISTERED AGENT MUST SIGN

Date **10-15-97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

TINA CHENG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-03-97**
Daytime Phone # **(954) 968-5766**

CR2040 (12/96)