

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # Z00627

Name and Mailing Address

0011855 01 AT 0.292 \*\*AUTO T4 0 0615 33410-586122  
FU HWA IV, L.C.  
9322 N. MILITARY TRAIL  
PALM BEACH GARDENS FL 33410-5861



2. New Mailing Address

9040 Bay Harbor Cir

City, State, Zip

WEST Palm Bch FL 33411

Principal Place of Business

925 N. TROPICAL TRAIL  
MERRITT ISLAND FL 32953

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

08/10/1992

6. FEI Number

65-0365516

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

SLOAN KENDALL REALTY, INC.  
9322 N MILITARY TRAIL  
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

DAVID KENDALL

City, State, Zip (P.O. Box is Not Acceptable)

c/o SLOAN KENDALL REALTY

9040 BAY HARBOR CIR

City

WEST Palm Bch

FL

33411

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

David Kendall

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/23/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	HUNG, MARTHA WU	925 N. TROPICAL TRAIL	MERRITT ISLAND FL 32953
MGR	SLOAN KENDALL REALTY INC	9322 N MILITARY TR	PALM BEACH GARDENS FL 33410

300024289333  
10/30/03--01051--007 \*\*150.00

REINSTATEMENT

03  
Oct

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

David Kendall

Date 10/23/03 Daytime Phone # 561 656 1406

Typed or printed name of signing Managing Member/Manager