

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF-STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 20 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000006568

1. Limited Liability Company's Name

1ST ORIENTAL MARKET, LLC

2. Principal Office Address

5132 W. COLONIA DR.

Suite, Apt. #, etc.

3. Mailing Office Address

5132 W. COLONIA DR.

Suite, Apt. #, etc.

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

03/19/2002

6. FEI Number

01-0677242

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

City & State

ORLANDO, FL

City & State

ORLANDO

Zip

32808

Country

Zip

32808

Country

8. Name and Address of Current Registered Agent

Name

BRIAN LIANG, CPA

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

832 NORTH THORNTON AVE 32803
06/04-01076-004 **100.00

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

4-21-2004

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JAU SO, YUE	5100 W. HIGHWAY 50	ORLANDO FL 32808
MGRM	PANG, WAI KUEN	7129 HIAWASSEE OVERLOOK DR	ORLANDO FL 32835
MGRM	PANG, KUEN FAI	7129 HIAWASSEE OVERLOOK DR	ORLANDO FL 32835

REINSTATEMENT

2003-2004

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, 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 808.406, 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

[Handwritten Signature]

Date

05/23/04

Daytime Phone #

407-292-3618

Typed or printed name of signing Managing Member/Manager

Pang Kuen Fai

CR2004 (03/02)

20/2

1st Oriental Market

5132 W. Colonial Dr.

Orlando, FL 32808

Tel:(407) 292-3668

Fax:(407) 293-9600

Date: 04/19/04

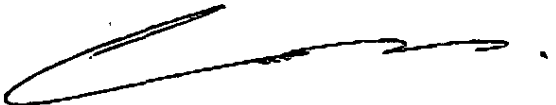
To: Florida Dept of State, Division of Corporations,

Subject: Reinstatement

We are hereby to inform you that we would like to reinstate our LLC registration in Florida. Due to change of registered agent and address, we did not receive your letter of renewal.

Please see the attached application, and check for reinstatement.

Thank you,



Chi Wa Ho/General Manager