


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 17 AM 9:02

DOCUMENT # L02000006568 1. Entity Name 1ST ORIENTAL MARKET, LLC	
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Principal Place of Business 5132 W. COLONIA DR. ORLANDO, FL 32808	Mailing Address 5132 W. COLONIA DR. ORLANDO, FL 32808
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2. Principal Place of Business	3. Mailing Address	10092006 REIN-LLC CR2E101 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 01-0677242
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent LIANG, BRAIN CPA 832 NORTH THORNTON AVE ORLANDO, FL 32803	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME	MGRM JAU SO, YUE <input checked="" type="checkbox"/> Delete 5100 W. HIGHWAY 50 ORLANDO, FL 32808	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800080888688 10/17/06--01009--026 **50.00
STREET ADDRESS CITY-ST-ZIP	ORLANDO, FL 32808	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	MGRM PANG, WAI KUEN <input type="checkbox"/> Delete 7129 HIAWASSEE OVERLOOK DR ORLANDO, FL 32812	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	ORLANDO, FL 32812	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	MGRM PANG, KUEN FAI <input type="checkbox"/> Delete 7129 HIAWASSEE OVERLOOK DR ORLANDO, FL 32812	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	ORLANDO, FL 32812	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2006
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 9/10/06 407-292-3668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #