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 16 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000039466**

1. Corporation Name

ORIENTAL SOUPS, INC.

Principal Place of Business	Mailing Address
18717 SW 105 PLACE MIAMI FL 33157	18717 SW 105 PLACE MIAMI FL 33157

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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: **04/11/2001**

5. FEI Number: **65-1122494** ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LUE, H.D.	18717 SW 105 PLACE	MIAMI FL 33157

000023853420
10/16/03--01038--010 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LUE, HERMAN DERRICK 18717 SW 105 PLACE MIAMI FL 33157	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE Herman D. Lue Date: 10/14/03

REGISTERED AGENT MUST SIGN

11. 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 Herman D. Lue HERMAN D. LUE 10/14/03 305-235-1829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ORIENTAL SOUPS, INC.
18717 SW 105 PLACE
MIAMI, FL 33157

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: Uniform Business Report 2003

Dear Ms. Hood:

We incorporated on 4/9/01 and our FEI #65-1122494.

We regret to inform you that we never received the Uniform Business Report 2003, and, therefore, would like you to send us a report to file.

We respectfully request that we pay no penalty since we did not receive a report.

We will file the report as soon as we receive that report. We thank you for your kind cooperation is this regard.

Yours truly,

H.Derrick Lue
President

HDL/dl