

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

18717 SW 105 PLACE
MIAMI FL 33157

Mailing Address

18717 SW 105 PLACE
MIAMI FL 33157

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

03

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)

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

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

PR 10/17

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

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]

REGISTERED AGENT MUST SIGN

Date 10/14/03

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

10/14/03

305-235-1829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

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:

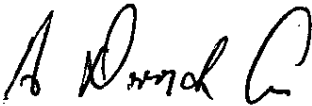
We incorporated on 4/9/01 and our FEI #65-1122494.

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 in this regard.

Yours truly,



H. Derrick Lue
President

HDL/dl