

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUL 26 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800006855628--3
-08/01/02--01051--001
****300.00 ****300.00

DOCUMENT # 517914

1. Corporation Name

FAR EAST NOODLE COMPANY INC.

2. Principal Office Address

8926 NORTH ARMENIA AVE

3. Mailing Office Address

2355 NURSERY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

CLEARWATER, FLORIDA

Zip

Country

33604

Zip

Country

33764

4. Date Incorporated or Qualified
To Do Business in Florida

11-1-1976

5. FEI Number

59-1694366

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MIKE LITTLE

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

911 CHESTNUT STREET

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33757-1368

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	WONG, KIM BO	2355 NURSERY RD.	CLEARWATER, FL.
V.PRES	WONG YUI	2355 NURSERY RD.	CLEARWATER, FL.

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(PRESIDENT)

Date

6/19/02 (941) 927-2820

Daytime Phone #

7/30/02