FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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-08/08/02--01002--018
****458.75 ****458.75

DOCUMENT # K 20500

1. Corporation Name

CHINA PALACE RESTAURANT, INC

2. Principal Office Address	3. Mailing Office Address
90 SW 27th Ave.	P.O. BOX 940309
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: HOUSTON, TEXAS
Zip: 33145 Country:	Zip: 77094-7309 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 04/07/1988

5. FEI Number: 65-0062351 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: NORMA SENG

Street Address (P.O. Box Number is Not Acceptable): 1915 N.W 137 WAY

Suite, Apt. #, Etc.:

City: Pembroke Pines State: FL Zip Code: 33028

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: [signature] Date: x 7/24/2002

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	SENG, NORMA	1915 N.W 137 WAY	Pembroke pines, FL. 33028
T	SENG, EMILIO	14260 S.W 57Ln #202	miami, FL. 33083
S	SENG, MARTHA	1915 N.W 137 WAY	Pembroke pines, FL. 33028

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] x 7/24/02 (305)

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

gr 8/1/02

CHINA PALACE RESTAURANT, INC
90 SW 27th AVENUE
MIAMI, FL 33145
305-642-7070

JULY 24, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

REF: CORPORATION REINSTAMENT

Dear Ladies and Gentlemen:

Enclosed please find our application form to reinstate our corporation in the State of Florida and a check in the amount of $458.75. This check is to cover the required franchise fees for the periods 2000, 2001 and 2002 plus the standard fee for the desired certificate of status. We never received the annual reports and accordingly ask you to waive the penalties generally assessed for filing late.

Thank you for your consideration, if you have any question do not hesitate to contact us at your earliest convenience.

Sincerely

Norma L Seng
President