

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L02000010721**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L02000010721**

1. Limited Liability Company's Name

CHINATOWN DEVELOPMENT, L.L.C.

**FILED**  
03 NOV 21 AM 7:27

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11/21/03 BY 60322

|                                                     |                   |                                                   |                   |                                                                                                                        |  |
|-----------------------------------------------------|-------------------|---------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Office Address<br>5100 W. Colonial Dr. |                   | 3. Mailing Office Address<br>5100 W. Colonial Dr. |                   | 4. State/Country of Formation<br>Florida                                                                               |  |
| Suite, Apt. 8, etc.                                 |                   | Suite, Apt. 8, etc.                               |                   | 5. Date Organized or Qualified To Do Business in Florida<br>5/6/02                                                     |  |
| City & State<br>Orlando, FLA                        |                   | City & State<br>Orlando, FLA                      |                   | 6. FID Number<br>01-06 77264                                                                                           |  |
| Zip<br>32808                                        | Country<br>U.S.A. | Zip<br>32808                                      | Country<br>U.S.A. | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See instructions on back of form for details.</small> |  |

**8. Name and Address of Current Registered Agent**

Name

Peter Lee

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

5100 W. Colonial Dr.

Suite, Apt. 8, Etc.

City

Orlando

State  
FL

Zip Code

32808

9. I, being appointed the registered agent of the above-named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*[Signature]*

Date 11/21/03

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Member/Managers**

| TYPE | Name of<br>Managing Member/Managers | Street Address of Each<br>Managing Member/Manager | City/State/Zip         |
|------|-------------------------------------|---------------------------------------------------|------------------------|
| MGPM | Kim Ling                            | 936 Arch St., 2nd Floor                           | Philadelphia, PA 19107 |
|      |                                     |                                                   |                        |
|      |                                     |                                                   |                        |
|      |                                     |                                                   |                        |
|      |                                     |                                                   |                        |
|      |                                     |                                                   |                        |

**REINSTATEMENT**

2003

*MK*

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11/24/03--01025--002 \*\*155.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*[Signature]* 11/21/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Kim Y. Ling, Managing Member