


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

06 NOV -3 PM 5:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000044185

1. Limited Liability Company's Name
NOODLE CONCEPT ENTERPRISES, LLC

CR2E041 (8/05)

2. Principal Office Address <u>4337 N. OCEAN DRIVE</u> Suite, Apt. #, etc. <u>STE # 107</u> City & State <u>LAUDERDALE BY THE SEA, FL</u> Zip <u>33308</u> Country <u>USA</u>		3. Mailing Office Address <u>4337 N. OCEAN DRIVE</u> Suite, Apt. #, etc. <u>STE # 107</u> City & State <u>LAUDERDALE BY THE SEA, FL</u> Zip <u>33308</u> Country <u>USA</u>	
---	--	---	--

4. State/Country of Formation <u>FLORIDA, USA</u>
5. Date Organized or Qualified To Do Business in Florida <u>JUNE 11 2004</u>
6. FEI Number <u>550869008</u>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
KIN LEE CHOW

Street Address (P.O. Box Number is Not Acceptable)
11033 SUNSET RIDGE CIR.

Suite, Apt. #, Etc.

City
BOYNTON BEACH State
FL Zip Code
33437

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 OCT. 30. 2006

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	PETER H. WONG	11033 SUNSET RIDGE CIR.	BOYNTON BEACH, FL 33437
MEM	KIN LEE CHOW	11033 SUNSET RIDGE CIR.	BOYNTON BEACH, FL 33437

500081439295
11/08/06--01034--009 **100.00

W/o Penalty 2005
REINSTATEMENT 2006

11. I certify that I am managing member/manager of 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] Date OCT 30. 06 Daytime Phone # 5618665529

Typed or printed name of signing Managing Member/Manager KIN LEE CHOW

Noodle Concept Enterprise, LLC

d/b/a Noodle Box
4337 N. Ocean Drive
Lauderdale By The Sea, FL 33308
TEL 954-772-6888

2 of 2

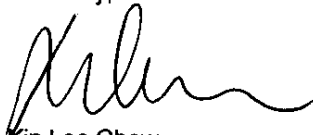
October 30, 2006

Florida Department of State
Secretary of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314
cc: Document Number L 04000044185

Dear Sir or Madam:

Due to the heavy construction work on site. The Reinstatement notice was not received. All mails are temporary forward to my home address at 11033 Sunset Ridge Circle Boynton Beach, FL 33437. Please, waive the \$100 reinstatement fee. Thank You

Sincerely,



Kin Lee Chow
Managing Member