


**2008 LIMITED LIABILITY COMPANY  
REINSTATEMENT**

**FILED**

2008 MAY -1 PM 12: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT# L06000015127  
1. EntityName  
LAKELANDCHINABUFFET,LLC



PrincipalPlaceofBusiness MailingAddress  
901 EAST MEMORIAL BLVD. 901 EAST MEMORIAL BLVD.  
LAKELAND, FL 33801 LAKELAND, FL 33801

2. PrincipalPlaceofBusiness - No P.O. Box # 3. MailingAddress  
Suite,Apt.#,etc. Suite,Apt.#,etc.

City&State City&State  
Zip Country Zip Country

04152008 REIN-LLC CR2E101 (1/07)  
4. FEINumber 20-4282860 AppliedFor NotApplicable  
5. CertificateofStatusDesired  \$5.00 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent  
ZHENG,XIUYING  
901 EAST MEMORIAL BLVD.  
LAKELAND, FL 33801

7. NameandAddressofNewRegisteredAgent  
Name  
StreetAddress (P.O.BoxNumberisNotAcceptable)  
City FL ZipCode

8. The abovenamedentitysubmits thisstatementfor thepurposeof changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$277.50** In accordance with 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. **Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZHENG,XIUYING 901 EAST MEMORIAL BLVD. LAKELAND, FL 33801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition 07-08
TITLE NAME STREET ADDRESS CITY - ST - ZIP	200129432 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/14/08--01009--004 **277.50
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	L. SELLERS <input type="checkbox"/> Change <input type="checkbox"/> Addition MAY - 5 2008
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXAMINER <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, F.S. indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I further certify that the information I am a managing member or manager of the

SIGNATURE: ZHENG XIU YING 4-16-08 8632840903  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone#