2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 MAY -1 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# L06000015127

1. EntityName
LAKELANDCHINABUFFET,LLC

PrincipalPlaceofBusiness
901 EAST MEMORIAL BLVD.
LAKELAND, FL 33801

MailingAddress
901 EAST MEMORIAL BLVD.
LAKELAND, FL 33801

2. PrincipalPlaceofBusiness - No P.O. Box #

Suite,Apt.#,etc.

City&State

Zip | Country

3. MailingAddress

Suite,Apt.#,etc.

City&State

Zip | Country

04152008 REIN-LLC CR2E101 (1/07)

4. FEINumber 20-4282860 | AppliedFor | NotApplicable

5. CertificateofStatusDesired ☐ $5.00 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

ZHENG,XIUYING
901EASTMEMORIALBLVD.
LAKELAND,FL33801

7. NameandAddressofNewRegisteredAgent

Name

StreetAddress (P.O.BoxNumberisNotAcceptable)

City FL ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) DATE

FILE NOW!!! FEE IS $277.50

Inaccordancewiths.607.193(2)(b),F.S.,thelimited liabilitycompanydidnotreceivethepriornotice.

Make check payable to Florida Department of State

9. MANAGINGMEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	REINSTATEMENT ☐ Change ☐ Addition
NAME	ZHENG,XIUYING	NAME	07-08
STREETADDRESS	901EASTMEMORIALBLVD.	STREETADDRESS	
CITY-ST-ZIP	LAKELAND,FL33801	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	200129492785 ☐ Change ☐ Addition
NAME		NAME	05/14/08--01009--004 **277.50
STREETADDRESS		STREETADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREETADDRESS		STREETADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	L. SELLERS ☐ Change ☐ Addition
NAME		NAME	MAY -5 2008
STREETADDRESS		STREETADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	EXAMINER
STREETADDRESS		STREETADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREETADDRESS		STREETADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionscontainedin Chapter119,FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportistrueandaccurateandthatmysignatureshalthavethesamelegaleffectasifmadeunderoath; that I am a managing member or manager of the limitedliabilitycompanyorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter608,FloridaStatutes.

SIGNATURE: ZHENG XIU YING 4-16-08 8632840903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,ORAUTHORIZEDREPRESENTATIVE Date DaytimePhone#