

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 MAY -1 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04152008 REIN-LLC CR2E101 (1/07)

4. FEINumber **20-4282999** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT# L06000015138

1. Entity Name
CHINABUFFETINPORTRICHEY,LLC



Principal Place of Business Mailing Address
10704 US HIGHWAY 19 10704 US HIGHWAY 19
PORT RICHEY, FL 34668 PORT RICHEY, FL 34668

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
ZHENG, XIUYING
10704 US HIGHWAY 19
PORT RICHEY, FL 34668

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$277.50 In accordance with s. 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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZHENG, XIUYING 10704 US HIGHWAY 19 PORT RICHEY, FL 34668 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	L. SELLERS ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAY - 5 2008 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXAMINER ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	07-08 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700129432817 ☐ Change ☐ Addition 05/14/08--01009--005 **277.50

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 company.

SIGNATURE: ZHENG XIU YING Date: 04-16-08 Daytime Phone: 727 819 8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE