
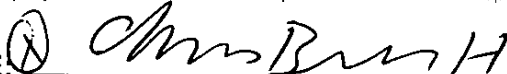


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L07000002891</b> 1. Entity Name <b>NEW CHINA WOK LLC</b>					
Principal Place of Business <b>1165 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34952</b>			Mailing Address <b>1165 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34952</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>90 WYCPAS LLC</b> <b>148A Madison street</b> City & State <b>New York NY</b> Zip <b>10002</b>			
City & State Zip		City & State Zip		4. FEI Number <b>20-8375063</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CHEN, BEN H 1165 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34952</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CHEN, BEN H 1165 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34952</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400138414124 12/03/08--01038--003 **138.75</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<div style="display: flex; justify-content: space-between;"> <div> <b>11.</b> I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.         </div> <div style="text-align: center;">  </div> </div>					
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					

**FILED**  
 08 DEC -9 PM 12:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FL



11192008 REIN-LLC CR2E101 (1/07)

**REINSTATEMENT**  
*2008*