

L07000110693

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Rice Bowls LLC

08

BK

FILED
 09 AUG 27 AM 8:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 CR2E04 (10/08)

2. Principal Office Address - No P.O. Box #

3813 N Monroe St

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 17-18

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32303

Country

USA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

11/1/2007

6. FEI Number

26-1339290

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Bon Benfield

Street Address (P.O. Box Number is Not Acceptable)

58 Sioux Circle

Suite, Apt. #, Etc.

City

Havana

State

FL

Zip Code

32333

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Ron Boffel

REGISTERED AGENT MUST SIGN

Date

8/25/09

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
<i>MGRM</i>	<i>Ming Zhu</i>	<i>3813 N Monroe St Unit 17-18 Tallahassee FL 32303</i>	<i>Tallahassee, FL 32303</i>
<i>MGRM</i>	<i>Chung Aong Cheung</i>	<i>3813 N Monroe St Unit 17-18</i>	<i>Tallahassee, FL 32303</i>

REINSTATEMENT *2008-2009*

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11. I certify that I am managing member/manager or 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

zhu ming

Date

08.25.09

Daytime Phone #

850 514-3632

Typed or printed name of signing Managing Member/Manager

owner