

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # M67230

1. Corporation Name

SUSTE LAI CHINESE RESTAURANT, INC.

2. Principal Office Address

18305 N.E. 19TH AVE

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FL

Zip

33179

Country

U.S.A.

3. Mailing Office Address

18305 N.E. 19TH AVE

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FL

Zip

33179

Country

U.S.A.

4. Date Incorporated or Qualified

To Do Business in Florida 2/1/1988

5. FEI Number

65-0028944

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STEPHEN, JIM

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

18305 N.E. 19TH AVE.

Suite, Apt. #, Etc.

City

N. MIAMI BEACH

State

FL

Zip Code

33179

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	STEPHEN, JIM	18305 N.E. 19TH AVE.	N. MIAMI BEACH, FL 33179
VP	CHEE YUE, CHEUNG	18305 N.E. 19TH AVE.	N. MIAMI BEACH, FL 33179

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/2000

Date

Daytime Phone #

(305) 932-3997

M67230

②

Susie Lai Chinese Restaurant, Inc.

(FEI Number: 65-0028944)

• November 6, 2000

RE: Corporation Reinstatement

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir / Madam:

We are really sorry that we did not submit our annual report to Division of Corporations timely. We did not receive the 2000 annual report form; as a result, we do not realize we have to file. Until recently I went to the bank to conduct some transactions and they looked up our record and found out that our corporation was dissolved. As discussed with Milligan, I hope you could waive the penalty. Enclosed is a check in the amount of \$150 for the year 2000 filing fee. I will be sure to file timely in the future. Thanks very much for your kind consideration.

Sincerely,



Stephen Jim
President