PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS
DOCUMENT # (0000	0028823	04 MAR 23 AM 8:00
z w New China	n Buffet, Inc	700031520827 03/30/0401070011 **308.75
2. Principal Office Address	3. Mailing Office Address	REINSTATEMENT 03-04
Suite, Apt. #, etc. 5040 A.W. Atlantic Ave	Suite, Apt. #, etc. 5040 A.W. Aflantic Ave	4. Date Incorporated or Qualified To Do Business in Florida 3/15/2000
City & State. Del ray Beach FL	City & State Delvay Beach, FL	5. FFI Number
33484 Country V . 5	33484 Country U.S.	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Yuan M Zhang		
Street Address (P.O. Box Number is Not Acceptable) 5040/W Attautic Avo		
Suite, Apt. #, Etc.		
city Delray Beach T-L		State Zip Code FL 334X4
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.		
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 Date 3/4/64 REGISTERED AGENT MUST SIGN		
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 Director	Street Address of Ea	ch City / State / Zip
officer Yuan Mon 2	Lang 6584 Lurais Dr (corporation)	Labe Worth FL 33463
agent Yuan Mon 2	Lang 5040 W. Atlanti	C Delray Beach FL >3484
Manager Wei Zhang	598 NW. 45th 1	Nay Delray Beach FL 33145
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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 filling 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 it made under oath.		
SIGNATURE: MAN OF SIGNING OFFICER OR DIRECTOR Date > / 1/ " Daytime Phone #		

Z.W. NEW CHINA BUFFET, INC.

5040 A.W. Atlantic Ave, Delray Beach, FL 33484. Phone(5610-498-1113

March 4, 2004 Department of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find one original copy of Corporation instatement form and a check in the amount of \$308.75. \$150.00 is for the fee of 2003 annual report and the other \$150.000 is for the fee of 2004 annual report, \$8.75 is for the certified of status.

Lam requesting for the waive of reinstatement fee in the amount of \$600.00 because I have not received the anything from Florida department of state in 2003 for the annual report. Therefore, I respectfully request the reinstatement fee be waive and the status of W.Z New China Buffet be reinstated.

If you have any questions, please contact the undersigned. Otherwise, I will await your kind reply.

Very truly yours,

Yuan Mou Zhang Enclosures

Thang Yuan NOU

DIVISION OF CORPORATION