

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 19 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000036874

1. Corporation Name

CHINA BUFFET OF AMERICA INC.

Principal Place of Business

3425 WEST VINE STREET  
KISSIMMEE FL 34741

Mailing Address

3425 WEST VINE STREET  
KISSIMMEE FL 34741

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/09/2001

5. FEI Number

59-3712725

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPV	LIN, CHANG YI	3425 WEST VINE STREET	KISSIMMEE FL 34741
ST	LIN, CHANG YI	3425 WEST VINE STREET	KISSIMMEE FL 34741

8. Name and Address of Current Registered Agent

LIN, CHANG YI  
3425 WEST VINE STREET  
KISSIMMEE FL 34741

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/12/02

11. 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

Date

Daytime Phone #

11/4/03

CR2E040 (802)

**China Buffet of America, Inc.**  
3425 West Vine Street, Kissimmee, FL 34741  
Tel: (401) 931-2929

November 4, 2002

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

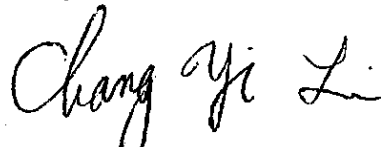
Dear Sir or Madam:

We have received the Notice of Administrative Dissolution or Revocation regarding that our company did not file an annual report for the year 2002. Our company was incorporated in 4/9/01, and we have no knowledge that a corporation is required to file an annual report/uniform business report to the state of Florida. In addition, we have not received any uniform business report (UBR) notice from your office. Because our company is a newcomer to your state, and who does not know Florida tax laws very well, I sincerely request you to waive the reinstatement fee.

I am enclosing an application for reinstatement and a check of \$150.00. Please be advised that we have changed our mailing address to our accountant office. Please send all the notice and form to our accountant office indicated on block 3 of the application for reinstatement.

Thank you for your attention in the matter

Very truly yours,

A handwritten signature in cursive script that reads "Chang Yi Lin".

Chang Yi Lin, President

Enclosures