

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 31 PM 4:45

DOCUMENT # P01000085766

1. Entity Name
PORT ST. LUCIE SUPER BUFFET, INC.



Principal Place of Business
7151 - 7159 SOUTH U.S. HWY 1
PORT ST. LUCIE, FL 34952

Mailing Address
7151 - 7159 SOUTH U.S. HWY 1
PORT ST. LUCIE, FL 34952
↓

REINSTATEMENT 04-05



2. Principal Place of Business

3. Mailing Address
1 EAST BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.
3RD FLOOR

City & State

City & State
NEW YORK, NY

Zip

Country

Zip

Country

10038

U.S.A.

01132005 REIN-P CR2E098 (6/04)

4. FEI Number
65-1141578

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZHANG, YU J
7151 - 7159 SOUTH U.S. HWY 1
PORT ST. LUCIE, FL 34952

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/105
DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE VD
NAME ZHANG, YU J
STREET ADDRESS 7151 - 7159 SOUTH U.S. HWY 1
CITY-ST-ZIP PORT ST. LUCIE, FL 34952 ☐ Delete

TITLE P
NAME LIN, ZHEN
STREET ADDRESS 7151 - 7159 S. US HWY 1
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600046086386
02/07/05--01035--018 **900.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

@Zhen Lin YU J. ZHANG

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #