

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN 14 PM 12:52

DOCUMENT # **P02000019675**

1. Corporation Name

China Gourmet Group, Incorporated

600166207466
01/14/10--01044--017 **450.00

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

15275 Collier Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite # 209

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34119

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/2002

5. FEI Number

010621715

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

Lin Lin Wang

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

15275 Collier Blvd.

Suite, Apt. #, Etc.

Suite # 209

City

Naples

State

FL

Zip Code

34119

☒ The 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 reinstatement
fee be waived.

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

L. L. Wang

REGISTERED AGENT MUST SIGN

Date **1. 05.2010**

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
PID	Lin Lin Wang	15275 Collier Blvd, Ste 209	Naples, FL 34119

10. E-mail Address:

(To be used for future annual report notification)

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, I further certify, 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:

L. L. Wang

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1. 05.2010 239-537-3228

REINSTATEMENT 08-10