

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV 29 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000038520

1. Corporation Name

CHINA GARDEN OF NAPLES, INC.

2. Principal Office Address

5947 PINE RIDGE ROAD

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34119

Country

U.S.A.

3. Mailing Office Address

5947 PINE RIDGE ROAD

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34119

Country

U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/2002

5. FEI Number

020578639

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

ZHANG, JING BIAO

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

5947 PINE RIDGE ROAD

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code

34119

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date

10/22/2004

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
<u>D</u>	<u>ZHANG, JING BIAO</u>	<u>5947 PINE RIDGE ROAD</u>	<u>NAPLES FL 34119</u>
<u>D</u>	<u>ZHANG, WONG MAK</u>	<u>5947 PINE RIDGE ROAD</u>	<u>NAPLES FL 34119</u>

600043044696
11/25/04--01061--014 **400.00

100042362201
11/01/04--01066--012 **350.00

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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/04

Daytime Phone #

CR2081 (01/04)