

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

FILED

03 OCT -9 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 02000094726

1. Corporation Name

NEW KING'S FOOD SERVICES, INC.

2. Principal Office Address

3. Mailing Office Address

1503 TURKEY GREEK ROAD

1503 TURKEY GREEK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

State

City & State

PLANT CITY, FL

PLANT CITY, FL

Country

Zip

Country

567

U.S.A.

33567

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

8/30/2002

5. FEI Number

Applied For

75-3079609

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

CHEUNG BUN CHAU

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

1503 TURKEY GREEK ROAD

Suite, Apt. #, Etc.

City

PLANT CITY

State

FL

Zip Code

33567

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

Cheung Bun Chau

REGISTERED AGENT MUST SIGN

Date

9/30/2003

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
President	CHEUNG BUN CHAU	1503 TURKEY GREEK ROAD	PLANT CITY, FL 33567
Secretary	CHEUNG BUN CHAU	1503 TURKEY GREEK ROAD	PLANT CITY, FL 33567

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:

Cheung Bun Chau PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/2003

Date

(813) 708-6888

Daytime Phone #

7/10/9