

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000104773

1. Corporation Name

CHINA FIRST GRAND BUFFET INC

2. Principal Office Address

8404 WEST HILLSBORO AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33615

Country

3. Mailing Office Address

539 N MILLS AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32803

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

52-2376580

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03

7. Name and Address of Current Registered Agent

Name

NA LIN, REV.

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

8404 W HILLSBORO AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33615

100024052891

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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]

Date

REGISTERED AGENT MUST SIGN

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
P	NA LIN	8404 W-HILLSBORO AVE,	TAMPA, FL 33615

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

CHINA FIRST GRAND BUFFET, INC

539 N MILLS AVE
ORLANDO, FL32803

OCT 15, 2003

Florida Department of State
P.O.BOX 6327
Tallahassee, FL 32314

~~SUBJECT: 2003 ANNUAL REPORT~~

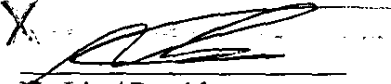
~~DOCUMENT NUMBER: P02000104773~~

To whom it may concern,

Please note that I filed to file 2003 Annual Report because I haven't received it.

Enclosed please find a check of \$150 for the filing fee, please kindly reinstate my company and please change the mailing address to 539 N MILLS AVE, ORLANDO, FL32803. Thank you for your assistance.

Sincerely yours

X 
Na Lin / President