2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 02, 2007
Secretary of State

DOCUMENT# P03000091851

Entity Name: ORIENTAL'S LINEN, INC.

Current Principal Place of Business:

4121 NW 132 STREET
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

4121 NW 132 STREET
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 03-0525498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELARAJ, KARIMA T
1547 NW 159 LANE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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.

SIGNATURE: KARIMA ELARAJ
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: ELARAJ, KARIMA T
Address: 1547 NW 159 LANE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V ( ) Delete
Name: ELARAJ, MOHAMED S
Address: 16363 SEGOVIA CIRCLE S
City-St-Zip: PEMBROKE PINES, FL 33331

Title: D ( ) Delete
Name: ZAAL ALI HAZAMA,
Address: 1547 NW 159TH LANE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D (X) Delete
Name: WANG, HONG
Address: 3670 INVERRARY DR, APT B-20
City-St-Zip: LAUDERHILL, FL 33319

Title: D (X) Delete
Name: LI, LIN
Address: R.M. 2804 PUJIANG PLAZA, NO. 85 LANE 442
City-St-Zip: HUAIHAI RD (W)SHANGHAI,CHINA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARIMA ELARAJ P 10/02/2007
Electronic Signature of Signing Officer or Director Date