

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVE  
AND  
FILED

06 MAY -3 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000092436

1. Corporation Name

HOPSHING CHINESE RESTAURANT, INC.

400075289344  
05/25/06--01049--009 \*\*1200.00

2. Principal Office Address

5751 MAIN ST.

Suite, Apt. #, etc.

SUITE #135

City & State

JACKSONVILLE, FL

Zip

32208

Country

US

3. Mailing Office Address

1 EAST BROADWAY

Suite, Apt. #, etc.

3<sup>RD</sup> FLOOR

City & State

NEW YORK, NY

Zip

10038

Country

US

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

8/19/2003

5. FEI Number

51-0481929

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

BIN ZHANG

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

5751 MAIN ST.

Suite, Apt. #, Etc.

SUITE #135

City

JACKSONVILLE

State

FL

Zip Code

32208

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 4/20/2006

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	BIN ZHANG	5751 MAIN ST. SUITE #135	JACKSONVILLE, FL 32208

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 contained in Chapter 119, 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(BIN ZHANG) 4/20/2006 904-355-0605  
Date Daytime Phone #

5/10/06