

2005 FOR PROFIT CORPORATION REINSTATEMENT

OK OS R

DOCUMENT # P03000110173

1. Entity Name
NEW TUNG TUNG RESTAURANT, INC.



FILED

05 NOV -3 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10829 NORTH 56TH ST.
TEMPLE TERRACE, FL 33617

Mailing Address
10829 NORTH 56TH ST.
TEMPLE TERRACE, FL 33617



09302005 REIN-P CR2E088 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applies For
Not Applicable

Zip

Country

Zip

Country

6. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JIANG, BI Y
10829 NORTH 56TH ST.
TEMPLE TERRACE, FL 33617

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John Hsilung

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PO	TITLE	
NAME	JIANG, BI Y <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10829 NORTH 56TH ST.	STREET ADDRESS	300060572529
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	CITY-ST-ZIP	10/19/05--01025--011 **\$150.00
TITLE	VO	TITLE	
NAME	JIANG, JIAN F <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10829 NORTH 56TH ST.	STREET ADDRESS	300060572529
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	CITY-ST-ZIP	11/03/05--01037--003 **\$150.00
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

John Hsilung

(SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

Daytime Phone #

10-8-05