

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000146927 1. Entity Name TAKEE OUTEE RESTAURANT, INC.				<div style="transform: rotate(-15deg);"> FILED 05 OCT -6 AM 9:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 21800 SW 97 COURT MIAMI, FL 33190		Mailing Address 21800 SW 97 COURT MIAMI, FL 33190			
2. Principal Place of Business 20234 OLD CUTLER RD Suite, Apt. #, etc.		3. Mailing Address 18999 BISCAYNE BLVD Suite, Apt. #, etc. # 205			
City & State MIAMI, FL Zip 33189		City & State AVENTURA FL Zip 33180			
Country USA		Country USA		4. FEI Number 20-0593108	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent CHAN, QING 21800 SW 97 COURT MIAMI, FL 33190		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 20234 OLD CUTLER ROAD City MIAMI	
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		DATE 10/01/05	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHENG, LAM 21800 SW 97 COURT MIAMI, FL 33190	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAN, QING 21800 SW 97 COURT MIAMI, FL 33190	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 10/01/05			