## 2005 FOR PROFIT-CORPORATION REINSTATEMENT

	ILLINOIA			_
DOCUMENT # P030001469  1. Entity Name TAKEE OUTEE RESTAURANT, INC.		927		OS OCT -6 AM 9: 17  SECHELLAMASSEE, FLOORIDA
Principal Plac	e of Business	Mailing Address		AMASCALL
2 <del>1800 SW 97 COURT &gt; 21800 SW 97 COUR</del> T				The state of the s
MIAMI, FL 3:		MIAMI, FL 33190		- LORINS
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		1		
2. Principal P	lace of Business	3. Mailing Address	.   b1 .	
20231	t ous cutter Rb	18949 BISCH	TYNE BLYS	
Suite, Apt.	<del>                                     </del>	Suite, Apt. #, etc.	/	
		# 205		09292005 REIN-P CR2E098 (6/04)
City & State	<u> </u>	City & State		4. FEI Number Applied For
	MI. FL	AVENTUR	a I	20-0593108 Not Applicable
		IVENIUN	1_1	
Zip	Country	1 23.50	Country	5. Certificate of Status Desired \$8.75 Additional
721	oy ush	20100	uen	Fee Required
	<ol><li>Name and Address of Current F</li></ol>	Registered Agent		7. Name and Address of New Registered Agent
			Name	
CHAN, QII	NG			
21800 CW	97-COURT		Street Address	es (P.O. Box Number is Not Acceptable)
MIAMI, FL	<del>-33190 -</del>			Γ Δ
			7.02	234 OLD CIPTLER ROAD
			City	Zin Coato
			, , , , , , , , , , , , , , , , , , ,	MANI FL 33/89
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
	ions of registered agent.	, ,		
	(a)	٠. سـ		Q /2/01/05
SIGNATURE.	Plazor W			(P) 10/01/W
_	Signature, typed or printed name of registered agent a	nd title if supplicable. (NOTI	E: Registered Agent signature rec	equired when reinstating) OATE
FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the				
After Jar	nuary 1, 2006, Fee will be \$300.0	o		corporation did not receive the prior notice.
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	C Delete	TITLE	☐ Change ☐ Addition
NAME	CHENG, LAM		NAME	
STREET ADDRESS	21800 SW 97 COURT		STREET ADDRESS	100060209251
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP	100060309351 10/06/0501063006_**150_00
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHAN, QING	The Delete	NAME	C Our 40
	1			
STREET ADDRESS	21800 SW 97 COURT		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-ZIP	T. Roberts OCT 10 200
<u> </u>	<u> </u>	П		Change Addition
TITLE		☐ Deleta	TITLE NAME -	
NAME				
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE.		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS	1		STREET ADDRESS	
CITY-ST-ZIP	T-reference		CITY-ST-ZIP	
		m		Change Addition
TITLE	the state of the s	☐ Delete	TITLE	Citalige [ ] Addition
NAME			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 fo	r 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 cath; 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.				
(m) 10/10, mn A(K				
SIGNATURE: DESAM JUSTUM (D) 1/01/01/05/05/939 130				
VIVIEW!	TICHATICS AND TYPETOR B	RINTED NAME OF SIGNING OFFICER	OR DIRECTOR	96le Daytime Phone #
	SIGNATURE AND TIPED ON P			