


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 004000005845	
1. Entity Name PANDA CHINA BUFFET OF OKALOOSA INC.	

FILED

06 FEB 20 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 309 MIRACLE STRIP FT WALTON BCH, FL 32548	Mailing Address 309 MIRACLE STRIP FT WALTON BCH, FL 32548
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



REINSTATEMENT

20-0643723

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZHENG, SHUN Y 309 MIRACLE STRIP FT WALTON BCH, FL 32548
--

7. Name and Address of New Registered Agent
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 X Shun Zhu, Zheng (NOTE: Registered Agent signature required when reinstating) DATE 2/14/06

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ZHENG, SHUN Y</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>309 MIRACLE STRIP</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT WALTON BCH, FL 32548</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	ZHENG, SHUN Y		STREET ADDRESS	309 MIRACLE STRIP		CITY-ST-ZIP	FT WALTON BCH, FL 32548		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>300066585353</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>02/24/06--01052--011 **900.00</td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	300066585353		CITY-ST-ZIP	02/24/06--01052--011 **900.00	
TITLE	D	<input type="checkbox"/> Delete																							
NAME	ZHENG, SHUN Y																								
STREET ADDRESS	309 MIRACLE STRIP																								
CITY-ST-ZIP	FT WALTON BCH, FL 32548																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS	300066585353																								
CITY-ST-ZIP	02/24/06--01052--011 **900.00																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ZHENG, SHUN ZHU</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>309 MIRACLE STRIP</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT WALTON BCH, FL 32548</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	ZHENG, SHUN ZHU		STREET ADDRESS	309 MIRACLE STRIP		CITY-ST-ZIP	FT WALTON BCH, FL 32548		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	ZHENG, SHUN ZHU																								
STREET ADDRESS	309 MIRACLE STRIP																								
CITY-ST-ZIP	FT WALTON BCH, FL 32548																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DONG, SHU LIANG</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>309 MIRACLE STRIP</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT WALTON BCH, FL 32548</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	DONG, SHU LIANG		STREET ADDRESS	309 MIRACLE STRIP		CITY-ST-ZIP	FT WALTON BCH, FL 32548		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	DONG, SHU LIANG																								
STREET ADDRESS	309 MIRACLE STRIP																								
CITY-ST-ZIP	FT WALTON BCH, FL 32548																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X Shun Zhu, Zheng SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06 G. Mitchell FEB 20 2006
Date Daytime Phone #