

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000064621

1. Entity Name
JAMES KITCHEN, INC.



Principal Place of Business
3755-A GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

Mailing Address
PO BOX 6325
GULF BREEZE, FL 32563

2. Principal Place of Business

3. Mailing Address
199 CANAL STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.
3RD FLOOR

City & State

City & State
NEW YORK NY

Zip

Country

Zip
10013

Country
USA

08212006

REIN-P

CR2E098 (11/05)

4. FEI Number
20-1067320

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZHEN, JIANG GUO
3755-A GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ZHEN, JIANG GUO
STREET ADDRESS 3755-A GULF BREEZE PARKWAY
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900073517849
09/06/06--01024--012 ***300.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

06 AUG 30 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

05-06 RSC

