

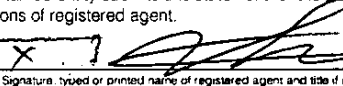
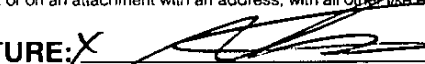


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 13 AM 9:05

| | | | | | |
|---|---|---|--|--|---|
| DOCUMENT # P0400085177 | | | |  | |
| 1. Entity Name CHINA FIRST BUFFET AT TAMPA, INC. | | | | | |
| Principal Place of Business 2811 E. FOWLER AVE TAMPA, FL 33620 US | | | Mailing Address 2811 E. FOWLER AVE TAMPA, FL 33620 US | | |
| 2. Principal Place of Business <u>2811 E. FOWLER AVE.</u> Suite, Apt. #, etc. | | 3. Mailing Address <u>2811 E. FOWLER AVE.</u> Suite, Apt. #, etc. | |  12092005 REIN-P CR2E098 (6/04) | |
| City & State <u>TAMPA FL</u> | | City & State <u>TAMPA, FL</u> | | | |
| Zip <u>33612</u> Country <u>US</u> | | Zip <u>33612</u> Country <u>US</u> | | 4. FEI Number <u>59-3605428</u> Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent <u>LIN, JING</u> <u>2811 E FOWLER AVE</u> <u>TAMPA, FL 33620</u> | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of New Registered Agent Name <u>LIN, JING</u> Street Address (P.O. Box Number is Not Acceptable) <u>2811 E. FOWLER AVE.</u> City <u>TAMPA</u> State <u>FL</u> Zip Code <u>33612</u> | | | | | |
| 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 <u>X</u>  | | | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 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 LIN, JING 2811 E FOWLER AVE TAMPA, FL 33620 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LIN, JING 2811 E FOWLER AVE. TAMPA, FL 33612 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LIN, JIE 2811 E FOWLER AVE TAMPA, FL 33620 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LIN, JIE 2811 E. FOWLER AVE. TAMPA, FL 33612 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LIN, NA 2811 E FOWLER AVE TAMPA, FL 33620 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LIN, NA 2811 E. FOWLER AVE. TAMPA, FL 33612 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000066213790 02/20/06--01073--009 **300.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>X</u>  | | | | Date | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # | |

2/14/06