

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000086569**

1. Entity Name  
**LIQUOR KING OF CHEN, INC.**



FILED  
08 JAN -8 PM 3:11

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**821 GREYSTONE LN  
SARASOTA, FL 34232 US**

Mailing Address  
**821 GREYSTONE LN  
SARASOTA, FL 34232 US**

2. Principal Place of Business - No P.O. Box #  
**15205 N. DALE MABRY HWY**

3. Mailing Address  
**3450 PALENCIA DR.  
APT. 1106**

City & State  
**TAMPA, FL**

City & State  
**TAMPA, FL**

Zip  
**33618**

Country  
**USA**

Zip  
**33618**

Country  
**USA**



**REINSTATEMENT** 01032008 0010-00000008 (1/07) 07-08

6. Name and Address of Current Registered Agent  
**LIU, WEN KUI  
821 GREYSTONE LN  
SARASOTA, FL 34232**

4. FEI Number  
**20-1196817**

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

7. Name and Address of New Registered Agent  
Name  
**LIU, WEN KUI**  
Street Address (P.O. Box Number is Not Acceptable)  
**3450 PALENCIA DR. APT. 1106**  
City  
**TAMPA** FL Zip Code  
**33618**

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 (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIU, WEN KUI 821 GREYSTONE LN. SARASOTA, FL 34232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. LIU, WEN KUI 3450 PALENCIA DR. APT. 1106 TAMPA, FL 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #