

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL 31 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000116506

1. Corporation Name

LIN'S BUFFET, INC.

2. Principal Office Address

3439 CLEVELAND AVE

Suite, Apt. #, etc.

City & State

FORT MYERS

Zip

33901

Country

3. Mailing Office Address

11570 PLANTATION

Suite, Apt. #, etc.

PRESERVE CIR

City & State

FORT MYERS

Zip

33912

Country

REINSTATEMENT 05-06
03/23/06 90025 640 \$150.00
07/14/06 01007 001 \$150.00
03/09/05 90031 018 \$150.00
CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/10/04

5. FEI Number

20-1470692

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mii Mii TING

Street Address (P.O. Box Number is Not Acceptable)

11570 PLANTATION PRESERVE CIR

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33912

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

7-26-06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Mii Mii TING	11570 PLANTATION PRESERVE CIR	FORT MYERS, FL 33912

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/26/06 239-275-3292

Daytime Phone #

LIN'S BUFFET, INC
11570 Plantation Preserve Circle
Fort Myers, FL 33912

July 27, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Tyrone Scott,

Please waive the \$600.00 reinstatement fee because I did not receive the March 20, 2005 letter. I also enclosed the corrected report. If you have any question, please contact me immediately.

Thank you so very much for your help!

Sincerely



Mii Mii Ting
President