

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000048908

1. Entity Name  
JB'S CHINESE BUFFET FREEPORT INC.



Principal Place of Business  
16735 331 SOUTH  
FREEPORT, FL 32439

Mailing Address  
16735 331 SOUTH  
FREEPORT, FL 32439

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**136 BOWERY STE 203**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132009

REIN-P

CR2E098 (1/07)

City & State

City & State  
**NEW YORK, NY 10013**

4. FEI Number  
**20-2609808**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

CHEN, LU DUAN  
16735 331 SOUTH  
FREEPORT, FL 32439

## 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 **CHEN, LU DUAN**  
STREET ADDRESS **16735 331 SOUTH**  
CITY-ST-ZIP **FREEPORT, FL 32439**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**500153342415**  
**04/28/09--01040--025 \*\*300.00**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *X Chen Lu Duan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*LU DUAN CHEN*

*4/13/09*

Date

Daytime Phone #

*5/1/09*

**FILED**

09 APR 28 PM 2: 42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

