

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
09 APR 28 PM 2: 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000048908
1. Entry 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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 136 BOWERY STE 203
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State NEW YORK, NY 10013	4. FEI Number 20-2609808
Zip	Country

04132009 REIN-P CR2E098 (1/07)

Applied For	Not Applicable
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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 _____ (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	P CHEN, LU DUAN	TITLE	
NAME	16735 331 SOUTH	NAME	
STREET ADDRESS	FREEPORT, FL 32439	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

500153342415
04/28/09--01040--025 **300.00

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 LU DUAN CHEN 4/13/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Handwritten mark