



# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000150474</b> 1. Entity Name <b>GOLD LION CHINESE CAFE, INCORPORATED</b>				FILED 2008 NOV '3 PM 2:52 TALLAHASSEE, FLORIDA 11-18 JS	
Principal Place of Business <b>303 EAST ALTAMONTE DRIVE SUITE 1750 ALTAMONTE SPRINGS, FL 32701</b>		Mailing Address <b>1324 BANNER STREET WINTER SPRINGS, FL 32708</b>		 <b>REINSTATEMENT 08</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>303 E. ALTAMONTE DR. #1750</b> Suite, Apt. #, etc.			
City & State <b>ALTAMONTE SPRINGS, FL</b>		City & State <b>ALTAMONTE SPRINGS, FL</b>			
Zip <b>32701</b>	Country	Zip <b>32701</b>	Country		
4. FEI Number <b>20-3818379</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>KWONG, SUSAN 1324 BANNER STREET WINTER SPRINGS, FL 32708</b>			7. Name and Address of New Registered Agent Name <b>Susan Kwong</b> Street Address (P.O. Box Number is Not Acceptable) <b>303 E. ALTAMONTE DR. #1750</b> City <b>ALTAMONTE SPRINGS</b> <b>FL</b> Zip Code <b>32701</b>		
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) Susan Kwong</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>11-16-08</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KWONG, SUSAN 1324 BANNER ST WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11/04/08 - 01008-018 \$150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD YAM, SUI SIM L 5669 REVELWOOD LOOP WINTER PARK, FL 32792 <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	TD YAM, SUI SIM LUI 5669 REVELWOOD LOOP WINTER PARK, FL 32792 <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	
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 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: <u>Susan Kwong</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>11-14-08</u> Daytime Phone #: <u>407-331-8880</u>		