

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000155487

1. Entity Name
CHINA BOWL SERVICES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:54

Principal Place of Business
**2863 C WEST SUNRISE BLVD.
FORT LAUDERDALE, FL 33311**

Mailing Address
**2863 C WEST SUNRISE BLVD.
FORT LAUDERDALE, FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10102006 REIN-P CR2E098 (11/05)

4. FEI Number
APPLIED FOR ☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PANISCH, ROBERT ESQ.
300 SOUTH PINE ISLAND ROAD
SUITE 228
PLANTATION, FL 33324**

Name
THOMAS HU
Street Address (P.O. Box Number is Not Acceptable)
2863 C WEST SUNRISE BLVD.
City
FORT LAUDERDALE FL Zip Code
33311

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 **THOMAS HU** DATE **11/10/2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$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 **D HU, THOMAS** ☐ Delete
STREET ADDRESS **2863 C WEST SUNRISE BLVD.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33311**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **200083215132** ☐ Change ☐ Addition
STREET ADDRESS **01/04/07--01092--003 **50.00**
CITY-ST-ZIP

TITLE
NAME **200083215132** ☐ Change ☐ Addition
STREET ADDRESS **01/04/07--01092--003 **150.00**
CITY-ST-ZIP

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

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

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

TITLE
NAME ☐ Change ☒ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #