2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					SELED			
DOCUMENT # P05000156270					• `			
1. Entitys (2006) CHINA BUFFET OF DADE CITY INC.					VO!1 20	28 418	18	
:						•	1.1	
Principal Place	e of Business	Mailing Address			• ,	•		
12546 US HIGHWAY 301 Dade City, Fl. 33525		12546 US HIGHWAY 301 Dade City, FL 33525						
DADE GIT, TE 33323				1 18811881 111	i paini ann arkii bain arini upan g	III SIIIS IISK ISSN SEI		
Principal Place of Business 3. Mailing Address								
FLORIDA Suite, Apt. #, etc.		C/o CAAT INC. 17 E.BROADWAY.		<u> </u>		N		
(Same as above)		ROOM 206		P C	REIN-P CR	2E098 (11/05)		
City & State	•	City & State NEW YORK,	<u>vY</u>	20-	3873986		t Applicable	
Zip	Country	Zip 10002	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current I	Registered Agent	Name	7. Name and	Address of New Registe			
LAU, YIK KUEN					or in No. Accordable)			
12546 US HIGHWAY 301 Street Address (i					er is Not Acceptable)			
			200					
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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
l	.E NOW!!! FEE IS \$150.00 wary 1, 2007, Fee will be \$300.0	o			In accordance with s. corporation did not re	607.193(2)(b), l ceive the prior r	F.S., the notice.	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11	
TITLE NAME	D LAU, YIK KUEN	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	12546 US HIGHWAY 301		STREET ADDRESS	9	10008209	39929		
CITY+\$T-ZIP	DADE CITY, FL 33525 PRESIDENT	☐ Delete	CITY-ST-ZIP TITLE	$-11\overline{Z}$	23/0601034	<u>1004 **15</u> ☐ Change	Addition	
NAME	IAU VIK MIEN		NAME			dilenge	, 1.00,1.011	
STREET ADDRESS CITY-ST-ZIP	12546 US HIGHWAY 30 DADE GTY, FL 33525		STREET ADDRESS CITY-ST-ZIP				ļ	
TITLE -		→{_ Delete	THTLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP		П.,.	CHY-ST-ZIP				- Addition	
NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	**************************************	☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP		——————————————————————————————————————	CITY-S1-ZIP				T same	
NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			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) LAUJIK KUEN LAU, YIK KUEN 11/20/06 352-167-8088								
		RINTED NAME OF SIGNING OFFICER O	OR DIRECTOR		Date	Daytime Phone #	_	