

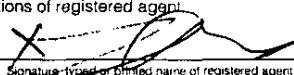
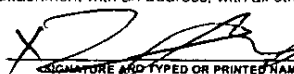


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN 26 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P05000160800</b> 1. Entity Name CAJUN CAFE OF DAB, INC		
Principal Place of Business 1700 W. INT'L SPEEDWAY BLVD NO.140 DAYTONA BEACH, FL 32114 US		Mailing Address 3307 W UNIVERSITY AVE GAINESVILLE, FL 32607 25
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country	3. Mailing Address 1700 W. INT'L SPEEDWAY BLVD #140 DAYTONA, FL Zip                      Country 32114                      US	 01222007    REIN-P                      CR2E098 (1/07)
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  ZHENG, SHERRY Z 3307 W UNIVERSITY AVE GAINESVILLE, FL 32607		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:		
<b>FILE NOW!!! FEE IS \$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	P ZHENG, SHERRY Z 3307 W UNIVERSITY AVE GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete	P ZHENG, SHERRY Z 120 WINNER CIR DR APT 206 DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: 		Date:                      Daytime Phone #:

JC 1/29