

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000068637

1. Corporation Name

TO YO ASIAN CUISINE INC.

300181570393
06/01/10--01063--011 **608.75

REINSTATEMENT 07-10
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

7720 N. WICKHAM ROAD

Suite, Apt. #, etc.

101

City & State

MELBOURNE FL

Zip

32940-8262

Country

3. Mailing Office Address

7720 N. WICKHAM RD.

Suite, Apt. #, etc.

101

City & State

MELBOURNE FL

Zip

32940-8262

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/16/2006

5. FEI Number

16-1760552

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GUI MING LIU

Street Address (P.O. Box Number is Not Acceptable)

6575 ARROYO DRIVE

Suite, Apt. #, Etc.

City

VIERA

State

FL

Zip Code

32940

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/21/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PREP.	GUI MING LIU	6575 ARROYO DRIVE	VIERA, FL 32940
V.P.	GUO QUAN CHEN	1630 BRIDGEPORT CIRCLE	ROCKLEDGE, FL 32955

10. E-mail Address: LLOYDHV@AOL.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

GUO QUAN CHEN

5/21/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #