

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000090596

1. Corporation Name

CHINA SUPER BUFFET OF LEON, INC.

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

2689 N MONROE ST

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

3. Mailing Office Address

2689 N MONROE ST

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

**FILED**

08 OCT 15 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**  
CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

MING CHUN ZHENG

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

2689 N MONROE ST

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

☒ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/15/08

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
P	MING CHUN ZHENG	2689 N MONROE ST	TALLAHASSEE, FL 32303
			600136984556 10/18/08-01044-009 **300.00

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

*[Signature]*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/08

Daytime Phone #