

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000122798

1. Entity Name
LAKELAND FUJI STEAK HOUSE INC.



FILED

09 FEB -9 PM 4: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2607 S FLORIDA AVE
LAKELAND, FL 33803

Mailing Address
2607 S FLORIDA AVE
LAKELAND, FL 33803

2. Principal Place of Business - No P.O. Box #
2607 S. FLORIDA AVE
Suite, Apt. #, etc.

3. Mailing Address
2607 S. FLORIDA AVE
Suite, Apt. #, etc.



01282009 REIN-P CR2E098 (1/07)

City & State
LAKELAND, FL
Zip
33803
Country
USA

City & State
LAKELAND, FL
Zip
33803
Country
USA

4. FEI Number
26-1423365
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

WANG, YI JIAN
2607 S FLORIDA AVE
LAKELAND, FL 33803

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

Signature, typed or printed name of registered agent and info if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WANG, YI JIAN	
STREET ADDRESS	2607 S FLORIDA AVE	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SWARTZ, TERRANCE L	
STREET ADDRESS	2607 S FLORIDA AVE	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500143175935	
CITY-ST-ZIP	02/09/09--01046--013 **300.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

WANG, YI JIAN (PRESIDENT)

1/28/09

863-688-2288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/09