

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 19 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000038491

1. Corporation Name

ORIENTAL FRANCHISE CORP.

Principal Place of Business

Mailing Address

13200 WEST BROWARD BLVD.
PLANTATION FL 33325

13200 WEST BROWARD BLVD.
PLANTATION FL 33325

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1993

5. FEI Number

65-0422815

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	TSU, ALEX	13200 WEST BROWARD BLVD.	PLANTATION FL 33325

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TSU, DIANA
13200 W BROWARD BLVD
PEMBROKE PINES FL 33325

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

11-20-01

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alex TSU

pd

11-20-01

(954)

423 0074

282

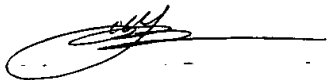
Division Of Corporations
11-20-2001
Anunal Report / Reinstatement Section
P.O. Box 6327
Tallahassee, Fl 32314-6327

To whom-it may concerned:

Dear Sir or Madam:

The original report was send out on Aut. 17, 2001, with a check in the amount of \$500, apparently the mail has gotten lost since I called your office yesterday and the gentleman who answered the phone told me you have not received it yet. He also told me to send in another check in the amount of \$500, along with this letter and a new report, then the corporation should be reinstated. Thank you.

Sincery yours,



Alex Tsu, President