DIEAO		FDLIOTIONS	DEE0DE 0			# ·
		L INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		AND FILED		
	IVISION OF CORPORATIONS		1997 SEP 18 AM 11: 02			
DOCUMENT #49300072-204 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
SHANG HAI Z	EXPRESS BRA	DENTON,	INC.	IALLA	ANASSEE, FLURIDA	
Principal Place of Business	Mailing Addr					
3204 CORTEZ R	_	3204 CORTEZ RD. BRADENTON, FL 34209				
BRADENTON, FL	34281 B	CADENTON,	FL 34201			
If above addresses are incorrect in a 2. New Principal Office Address, If Ap		ct information and enter correction below. ailing Office Address, If Applicable		Date Incorpo	orated or Qualified	
Suite, Apt. #, etc.	Suite, Apt. #	Suite, Apt. #, etc.		To Do Business in Florida		
City & State	City & State	City & State		5. FEI Number	439178	Applied For Not Applicable
Zip Country	Zıp	Country	у	6.	S8.75 A	dditional Fee required Certificate of Status
7. Names and Street Addresses of Ea						
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			City / State /	Zip
P HSI CHENG HUA 3204 CORTEZ DO					*** *** *** *** ***	
DOT CONTRACT ON THE						
S HSIU-CHE	N HUA CHEN	3204 0	CORTEZ I	RD.	BEADENTON, FO	1 34207
					011-97	1.101
REIN				STATEMENT THE THE THE THE THE THE THE THE THE TH		
<u> </u>				Fil	700023002	2664
					-09/22/9701 ***1245.00	171010 ***1245-00
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name						t
HSIU~ C Street Address (P.				O. Box Number is	S CHEN :	
3204 CD Suite, Apt. #, Etc.				ORTEZ	RD.	
City						Code
10. Leaning 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 & 7 June	chen > Un REGISTERED AGI	ENT MUST SIGN			Date 9/12 . 91).	
11. Does this corporat Dept. of Revenue	ion pay any intang under S. 199.032,	ible tax to the Florida Statu	e ites. Yes 🛭	Q No □	(See other side for on intangible	
I certify that I am an officer or direct this reinstatement application, the nowed by the corporation have been on this application is true and accur.	eason for dissolution has been i paid and the names of individu	eliminated, the corpor ials listed on this form	ate name satisfies the ode not qualify for ar	ne requirements of n exemption unde	f section 607 0404 or 647 0404 E	C that all tage
SIGNATURE: X 7 June SIGNATURE AND	TYPED OR PRINTED NAME OF S	Aug GNING OFFICER OF D	RECTOR	·	7/12)	53-5-134 Phone #