2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000047434 1. Entity Name SHANG HAI CHINESE RESTAURANT & LOUNGE, INC.								SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JAN 23 AMII: 22				
Principal Plac 339 JOHN SI NICEVILLE, F	IMS PKWY.	ss	ailing Address 39 JOHN SIMS PKWY IICEVILLE, FL 32578	9 JOHN SIMS PKWY.				,,,,,	1 - 2 2			
Principal Place of Business 3.				Mailing Address								
Suite, Apt. #, etc			Suite, Apt. #, etc.			01142006	REIN-P	CR2E09	8 (11/05)			
City & State				City & State			4. FE! Numb				pplied For at Applicable	
Zip	Country		Zip Coun		itry '	5. Certificate	e of Status Desired		8.75 Add ee Require			
6. Name and Address of Current Regis				tered Agent		Name	7. Name and	d Address of New Re	gistered A	gent		
LIN, CHIN							(0.0.0					
339 JOHN SIMS PKWY. NICEVILLE, FL 32578				Street Address			ss (P.O. Box Numb	(P.O. Box Number is Not Acceptable)				
·												
						City			FL	Zip Cod	ė	
		tity submits this statemen stered agent.	t for the p	ourpose of changing its	s register	ed office or regis	stered agent, or be	oth, in the State of Flori	da. I am fa	amiliar with,	and accept	
SIGNATURESignature, typed or printed name of registered agent and liftle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$300.00								In accordance wi corporation did n	th s. 607. ot receive	193(2)(b), the prior (F.S., the notice.	
10.	OFFICERS AND DIRECTORS						ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME	DPS LIN, CHI	N YU		Delete TITLE						☐ Change	Addition	
STREET ADDRESS	1	IN SIMS PKWY.				ET ADDRESS						
CITY-ST-ZIP TITLE	DVT	LE, FL 32578		☐ Deleto	CITY-ST-ZIP					☐ Change	Addition	
NAME	LIN, KYE			NAME			÷	50006511 2865 02/03/0601007007 **300.00				
STREET ADDRESS CITY-ST-ZIP	1	IN SIMS PKWY. LE. FL 32578				ET ADDRESS -ST-ZIP	02	02/03/0601007007 **3		300.00		
TITLE			Delete	TITLE					Change	Addition		
NAME STREET ADDRESS					NAM	E ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	TITL					☐ Change	Addition	
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TITLE NAME				Delete	TITLI					☐ Change	Addition	
STREET ADDRESS						ET ADDRESS						
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TITLE NAME				☐ Delete	TITLI NAM					☐ Change	☐ Addition	
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP	Certify that *	he information supplied:	with this f	ilina doce not qualify f		-ST-ZIP	ned in Charter 11	9 Florida Statutas 1 5	other and	u that the f	oformation	
12. I hereby certify that the information supplied with this filing does not quality 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: 1-17-06												
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #												
											1_	

1/24 00