

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000067135

1. Corporation Name

ORIENTAL DINING, INC.

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

7860 GLADES RD, 105

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33434

Country

USA

3. Mailing Office Address

7860 GLADES RD, 105

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33434

Country

USA

7. Name and Address of Current Registered Agent

Name

SHAPIRO, BLASI, WASSERMAN & GORA, P.A.

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

7777 GLADES ROAD

Suite, Apt. #, Etc.

STE 400

City

BOCA RATON, FL

State

FL

Zip Code

33434

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]* V.P.  
REGISTERED AGENT MUST SIGN

Date

5/14/08

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
VTD	PETER WONG	11033 SUNSET RIDGE CIRCLE	BOYNTON BEACH, FL 33437
PDS	SUNG F HA	11025 SUNSET RIDGE CIRCLE	BOYNTON BEACH, FL 33437
	<i>07/09</i>		

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER WONG

Date

5-14-08

Daytime Phone #

(617) 803-9888

FILED

08 JUN -9 PH 2: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-08

000131068830  
06/09/08--01054--010 \*\*1200.00  
CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

09-07-1994

5. FEI Number

65-0521704

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.