APPROVED
AND
FILED

1997 JUN 13 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P95000040909

1. Corporation Name
LUCKY CHENG'S OF SOUTH BEACH, INC.

Mailing Address
1412 OCEAN DRIVE
MIAMI BEACH, FL 33139

Principal Place of Business
1412 OCEAN DRIVE
MIAMI BEACH, FL 33139

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable
c/o MICHAEL LEONE, CPA
Suite, Apt. #, etc.
277 MARGUERITE AVENUE
City & State
SOUTH FLORAL PARK, NY
Zip
11001
Country
USA

3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
MAY 22, 1995

5. FEI Number
65-058-1528
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T	ROBERT JASON	1434 JEFFERSON AVENUE	MIAMI BEACH, FL 33139
VP/S	DAVID PHILLIPS	14 BARRY AVENUE	RIDGEFIELD, CT 06877
			200002213552--7 -06/16/97--01155--023 ****915.00 ****915.00
		REINSTATEMENT	6/13/97

8. Name and Address of Current Registered Agent
ROBERT JASON
1434 JEFFERSON AVENUE
MIAMI BEACH, FL 33139

9. Name and Address of New Registered Agent
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: [signature] REGISTERED AGENT MUST SIGN
Date: JUNE 2, 1997

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [ ] (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] 6/1/97 2054388625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #