

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 21 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000083480
1. Corporation Name
Chicken Bowl, Inc.

| | | | |
|---|-----------------------|---|-----------------------|
| 2. Principal Office Address <u>2290 Main St.</u> | | 3. Mailing Office Address <u>2290 Main St.</u> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State <u>Clearwater, Florida</u> | | City & State <u>Clearwater, Florida</u> | |
| Zip <u>34698</u> | Country <u>USA</u> | Zip <u>34698</u> | Country <u>USA</u> |

REINSTATEMENT

2000

| | |
|---|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida <u>11/1/95</u> | |
| 5. FEI Number <u>593346069</u> | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional Fee required for a Certificate of Status | |

| 7. Name and Address of Current Registered Agent | |
|--|---|
| Name <u>Lei Gui Fei Jiang</u> | <u>100003514971-4</u> |
| Street Address (P.O. Box Number is Not Acceptable) <u>1787 Split Fork Dr.</u> | <u>12/27/00 01082-006</u> <u>****750.00 ****750.00</u> |
| Suite, Apt. #, Etc. | |
| City <u>Oldsmar</u> | State FL Zip Code <u>34677</u> |

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 Lei Gui Fei Jiang Date 12/20/00
REGISTERED AGENT MUST SIGN

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 |
|----------------|-----------------------------------|--|--------------------------|
| <u>P, T, S</u> | <u>Lei Gui Fei Jiang</u> | <u>1787 Split Fork Dr.</u> | <u>Oldsmar, FL 34677</u> |
| | | | |
| | | | |
| | | | |
| | | | |

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 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: Lei Gui Fei Jiang Date 12/20/00 (727) 726-9120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/99)