

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 30 PM 4:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P97000058785**

1. Corporation Name

CHINA SUPER BUFFET INC

2. Principal Office Address

2698 N. Monroe St.

3. Mailing Office Address

2698 N. Monroe

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32303

Country

Leon

Zip

32303

Country

Leon

4. Date Incorporated or Qualified
To Do Business in Florida

7/3/1997

5. FEI Number

59-3457346

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Biao. ZHENG. C

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

2698 N. Monroe St

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32303

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]

Date

11-30-01

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
DPST	Biao. ZHENG C	2698 N. Monroe St	Tallahassee, FL 32303

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

To whom it may concern:

Val~

my company did not receive any ^{refection} notice
from your Department. So the payment is delay
without my notice. I wish you can waive
the late fee.

Thank you.

POC# P97000058785.

China Super Buffet Inc

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