

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 21 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000020590

1. Corporation Name
New China Buffet of Orlando, Inc

REINSTATEMENT

01-02

2. Principal Office Address
2845 S Orange Ave

3. Mailing Office Address
2845 S Orange Ave

Suite, Apt. #, etc.
#180

Suite, Apt. #, etc.
#180

City & State
Orlando, FL

City & State
Orlando, FL

4. Date Incorporated or Qualified To Do Business in Florida
3/2/1998

5. FEI Number
59-3509128

Applied For
Not Applicable

Zip
32806

Country
U.S.A

Zip
32806

Country
U.S.A

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Zhong Jie Chen

Street Address (P.O. Box Number is Not Acceptable)
2845 S Orange Ave # 180

700005254807-3
-04/11/02--01071--004
****300.00 ****300.00

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32806

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]

REGISTERED AGENT MUST SIGN

Date

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
P	<i>Zhong Jie Chen</i>	<i>2845 S Orange Ave # 180</i>	<i>Orlando, FL 32806</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 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
3-18-82

Daytime Phone #

CP2E0e1 (9/89)