PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	RR	OA DEPARTMENT OF STATE Jim Smith Secretary of State IVISION OF CORPORATIONS	© 02 NOV 2 AM 9: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # PG			300009149833 11721/0201062017 **600.00
LEE'S SUE	35 AND B	URGZRS, INC.	
2. Principal Office Address 30/S O. B Sulte, Apt. #, etc.		Office Address S. O. B. T.	11 21 02 -01087-018
City & State	State City & State		4. Date Incorporated or Qualified To Do Business in Florida
ORLANDO,	RLANDO, PL ORLANDO, PL		5. FEI Number Applied For S9-350288 / Not Applicable
32805 U.S		Name and Address of Current Registe	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Street Address (P.O. Box Suite, Apt. #, Etc.	G OAK Number is Not Acceptable)	NAM een Palm Dr	State Zip Code
8. I, being appointed the registered age Signature of	nt of the above named corpo	oration, am familiar with and accept the o	obligations of section 607.0505 or 617.0503, F.S.
Registered Agent	REGISTERED AG	SENT MUST SIGN	Date
9. Names and Street Addresses of Each	h Officer and/or Director (Flo	orida nonprofit corporations must list at lea	east 3 directors)
Titles Name Officers and/	e of	Street Address of Each Officer and/or Director	h
D.P Chong C	Pak Nam	1863 Queent	Palm Dr ApopKA, P. 327/2
b.VA Sang Ch	nul Nam	1863 Queen	Palm Or Apopka, 17. 327/2
		·	
owed by the corporation have been pa	id and the names of individu	powered to execute this application as pro eliminated, the corporate name satisfies to als fisted on this form do not qualify for an e the same legal effect as if made under of	rovided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated oath.
SIGNATURE: SIGNATURE AND TYPE	PED OR PRINTED NAME OF SI	GNING OFFICER OR DIRECTOR	5. 14m 407) 628-4553 Daytime Phone #

25 1/25

LEE'S SUBS AND BURGERS, INC 301 S. Orange blossom Trail Orlando, FL 32805

EIN:59-3502881

November 08,2002 _____

STATE OF FLORIDA DIVISION OF CORPORATION ANNUAL REPORTS FILINGS P O BOX 1500 TALLAHASSEE, FL 32302-1500

RE: REINSTATEMENT OF CORPORATION AS A ACTIVE STATUS

To whom it may concern,

We have never received first and second Notice of Annual report for the year 1999,2000,2001 and 2002 due to the change of our mailing address. We accidentally found out that our corporation became inactive on this day. Other mails have never been missed or misplaced. I believe that dissolution of my corporation was not my intention and fault. Please waive the reinstatement fee for our corporation. I enclosed a check for past four years annual reporting fee of \$600.00

I really appreciate your help to expedite this reinstatement process as fast as you can.

Sincerely, chang and Man chang oak, Nam