

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Kathleen M. ...  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 20 PM 1:49

DOCUMENT # P98000040215

1. Corporation Name

LI & NOBY, INC.

Principal Place of Business

1720 NORTH 55TH AVENUE  
HOLLYWOOD FL 33021

Mailing Address

1720 NORTH 55TH AVENUE  
HOLLYWOOD FL 33021



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/04/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10339 Royal Palm Blvd

10339 Royal Palm Blvd.

City & State

City & State

Coral Springs, FL

Coral Springs

Zip

Country

33065 FL

Zip

Country

33065 FL

5. FEI Number

65-0839403

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LI, WOON S	1720 NORTH 55TH AVENUE	HOLLYWOOD FL 33021

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~FILINGS, INC.~~  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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.

AD

SIGNATURE:

~~SIGNATURE REQUIRED~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WOON SIN CHIN LI

10/17/00  
Date

954-227-2888  
Daytime Phone #

**KIRIN JAPANESE RESTAURANT**

10339 royal palm blvd.  
coral springs, fl 33065  
phone 954-227-2888  
fax 954-227-1888  
wli451966@aol.com

October 18, 2000

To who may concern:

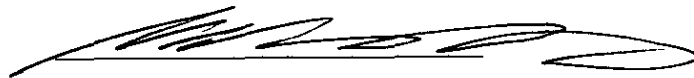
we'ved just receive the notice of administrative dissolution for Li & NOBY INC.

During the year of 2000, we did not receive any renew form until now, I have

Called the office and they suggest to renew the corporation now and asked

To raved the late fee. I apologize for any unconvinced.

sincerely



WOON SIN CHIN Li

Oct 17, 2000