
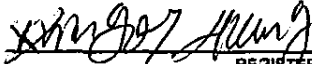



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 APR 16 AM 7:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA 100015565924 04/24/03--01074--017 **150.00 400015565924 04/09/03--01082--001 **900.00 W0/0000/0430	
DOCUMENT # P98000054983 1. Corporation Name ORIENTAL SUPER BUFFET, INC.					
2. Principal Office Address 2456 GULF TO BAY BLVD Suite, Apt. #, etc.		3. Mailing Office Address 539 N MILLS AVE Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 6/18/1998 5. FEI Number 59-3521877 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	
City & State CLEARWATER, FL		City & State ORLANDO, FL			
Zip 34621 Country US	Zip 32803 Country US				
7. Name and Address of Current Registered Agent					
Name HUANG, MING QI					
Street Address (P.O. Box Number is Not Acceptable) 2456 GULF TO BAY BLVD					
Suite, Apt. #, Etc.					
City CLEARWATER				State FL	Zip Code 34621
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S. Signature of Registered Agent:  Date 04/08/2003 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		
D	HUANG, MING QI	2456 GULF TO BAY BLVD	CLEARWATER, FL 34621 33765		
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: 				Date 04/08/2003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

CROCKETT (10/02)