

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 DEC 26 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **99000045165**

1. Corporation Name
CRAZY BUFFET, INC.

200003524142--9
-01/04/01--01108--025
****750.00 ****750.00

2. Principal Office Address
1245 E. FOWLER AVE.

3. Mailing Office Address
1245 E. FOWLER AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA FL

Zip Country
33612 USA

Zip Country
33612 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **5/14/1999**

5. FEI Number
59-3651322

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
CHEN, WEN

Street Address (P.O. Box Number is Not Acceptable)
1245 E. FOWLER AVE.

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33612

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 *Chen Wen*

Date **12/20/2000**

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	CHEN, WEN	1245 E. FOWLER AVE.	TAMPA FL 33612

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: *Chen Wen* **CHEN, WEN** **12/20/2000** **813-910-1111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #