

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 16 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000094009

1. Corporation Name

CRAZY BUFFET IN FORT LAUDERDALE, INC.

2. Principal Office Address

4850 N. UNIVERSITY DRIVE

Suite, Apt. #, etc.

City & State

LAUDERHILL FL

Zip

33351

Country

USA

3. Mailing Office Address

12202 N. 22ND STREET

Suite, Apt. #, etc.

327

City & State

TAMPA FL

Zip

33612

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/22/1999

5. FEI Number

65-0957924

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

CHENG, MEI WOON

Street Address (P.O. Box Number is Not Acceptable)

4850 N. UNIVERSITY DRIVE

Suite, Apt. #, Etc.

City

LAUDERHILL

State
FL

Zip Code

33351

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

X *Mei Woon Cheng*

REGISTERED AGENT MUST SIGN

Date 12/29/2000

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	CHENG, MEI WOON	4850 N. UNIVERSITY DRIVE	LAUDERHILL FL 33351

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:

X *Mei Woon Cheng* CHENG MEI WOON 12/29/2000 813-910-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (9/99)