2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000108452

1. Entity Name
T & L CHINESE RESTAURANT, INC.

FILED
05 JAN -7 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

Principal Place of Business	Mailing Address
654 GOLDENROD ROAD ORLANDO, FL 32822	654 GOLDENROD ROAD ORLANDO, FL 32822

12192004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
	654 S. GoldenRod RD Orlando, FL 32822
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3614997 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LY, NANG T 654 GOLDENROD ROAD ORLANDO, FL 32822	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D LY, NANG L 3833 SEABRIDGE DR ORLANDO, FL 32839 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition 00004365243 0 12/27/04--01092--002 **150.00
TITLE NAME STREET ADDRESS CITY ST ZIP	D TRAN, CHANDA T 12100 DICKENSON LANE ORLANDO, FL 32821 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Dec 24-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #