

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S68379

1. Entity Name  
PEKING GARDEN OF CRYSTAL RIVER, INC.



Principal Place of Business  
2035 SE HWY 19  
CRYSTAL RIVER, FL 34429 US

Mailing Address  
1601 SOUTHEAST HIGHWAY 19  
CRYSTAL RIVER, FL 34429 US

APPROVED  
AND  
FILED  
04 NOV 23 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 84

2. Principal Place of Business

3. Mailing Address

2035 SE HWY 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11192004 REIN-P CR2E098 (6/04)

City & State

City & State  
CRYSTAL RIVER FL

4. FEI Number  
59-3077972

Applied For

Not Applicable

Zip

Country

Zip

34429

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHEN, DAVID  
1601 SOUTHEAST HIGHWAY 19  
CRYSTAL RIVER, FL 34429

7. Name and Address of New Registered Agent

Name GRACE CHEN

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

2035 SE HWY 19

City CRYSTAL RIVER FL

Zip Code 34429

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

TITLE PD  
NAME CHEN, DAVID ☐ Delete  
STREET ADDRESS 1251 NW 2ND TERR  
CITY-ST-ZIP CRYSTAL RIVER, FL

TITLE VD  
NAME CHEN, GRACE ☐ Delete  
STREET ADDRESS 1251 NW 2ND TERR  
CITY-ST-ZIP CRYSTAL RIVER, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2035 SE HWY 19  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2035 SE HWY 19  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #