PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 FEB 26 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000142825

1. Corporation Name

P.L.L., By Amor, Inc.

0509

REINSTATEMENT

800144515308
02/26/09--01029--011 **750.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9466 harding ave	9466 harding ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: surfside, FL	City & State: surfside, fl
Zip: 33154 Country: miami-dade	Zip: 33154 Country: miami-dade

4. Date Incorporated or Qualified To Do Business in Florida: Oct 15th 2004

5. FEI Number: 59-3786007 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Application fee required for a Certificate of Status

7. *Name and Address of Current Registered Agent*

Name: Incorp Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 17888 67th Court North

Suite, Apt. #, Etc.:

City: Loxahatchee State: FL Zip Code: 33470

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Janice Mull on behalf of Incorp Services, Inc. Date: 1/28/09
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	Consuelo A. Martin	8877 Collins ave apt 209	surfside, FL, 33154
D	Hee san Kim	8877 Collins ave apt 209	surfside, FL, 33154

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 contained in Chapter 119, 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: Hee San Kim Date: 1/28/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #