

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION
REINSTATEMENT



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

00-01UBA

FILED

01 JUL 30 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000007283

1. Corporation Name

JONG'S AUTO. CARE CORPORATION

2. Principal Office Address

Ave

14745 N. NEBRASKA

Suite, Apt. #, etc.

3. Mailing Office Address

14745 N. NEBRASKA AVENUE

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33613

Country

USA

Zip

33613

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JAN-19-1999

5. FEI Number

59-3553497

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LEE, YUN YOL

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

4508 BLUE TREE CT, #78

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33613

400004525174

-08/08/01--01096--009

****300.00 ****300.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7-16-01

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
PRES DIR	LEE, YUN YOL	4508 BLUE TREE CT #78	TAMPA, FL 33613

LS

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-2001

Date

813-971-2450

Daytime Phone #

CR2001 (9/00)