

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV 21 PM 4:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V 25613

1. Corporation Name

KIM CERAMICS, INC
499-25356

Principal Place of Business

Mailing Address

2715 CYPRESS DR
CLEARWATER, FL 34623

REINSTATEMENT

94-97
00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

5-30-1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3116440

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
president	KUM N. KIM	3861 Georgia Ct	Tarpon Springs, FL 34689
V-P	KUN T. KIM	11103 Shady Brook Dr	Tampa, FL 34625
Secy	Hyung T. KIM	3861 Georgia Ct	Tarpon Springs, FL 34689
			400002356634--8
			-11725797-01041-026
			***1253.75 ***1253.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HYUNG TAI KIM
3861 GEORGIA CT
TARPON SPRINGS, FL 34689

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Hyung T. Kim

REGISTERED AGENT MUST SIGN

Date 11-4-99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

Hyung T. Kim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-4-99
Date

(813) 536-4113
Daytime Phone #

CP2E04C (12/96)