

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 26 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F0200000962**

1. Corporation Name

jWIN Electronics Corporation

2. Principal Office Address

2 Harbor Park Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Port Washington, NY

Zip

11050

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/2002

5. FEI Number

133938051

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jorge, Spampinato

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

11611 SW 97St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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

Jorge Spampinato
REGISTERED AGENT MUST SIGN

Date

10/24/05

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	Justin Kim	188-09 42nd Ave	Flushing, NY 11358
SEC	Todd Kim	182 Hickory Ave	Tenafly, NJ 07670
			800061076608 11/01/05--01055--005 **300.00

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:

Todd Kim CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/05 516-626-7188

Daytime Phone #



Quality is Everything!™

2 Harbor Park Drive
Port Washington, NY 11050
Tel: 516-626-7188
Fax: 516-626-7181
www.jwin.com

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jWIN Electronics Corporation

October 24, 2005

Florida Department of State
Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32314

Re: Reinstatement

To Whom It May Concern:

It came as a surprise to find out that my company's certificate of authority with the State of Florida had been revoked. Please take note that jWIN Electronics Corporation did not receive the requisite form from the Florida Department of State in January of 2004.

I only recently found out about the revocation due to the letter sent out by the Division of Corporations informing me that my company is required to file for reinstatement.

Enclosed please find the completed Corporation Reinstatement form. When I had called your office, and explained the situation, I was told to remit \$300.00 as the reinstatement fee as my company had not received adequate notice about annual reporting requirement.

Please take further note that my company's address has changed to "2 Harbor Park Drive, Port Washington, NY 11050."

Thank you for your time and attention in the above matter.

Sincerely,

A handwritten signature in black ink, appearing to read "TK" or "Todd Kim", written over a horizontal line.

Todd Kim
Chief Financial Officer
jWIN Electronics Corp
Tel: 516-626-7188 ext. 243
todd@jwin.com