

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATION

02 MAR 25 PM 3:19

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H30401

1. Corporation Name

DAESUNG, INC

2. Principal Office Address

4355 W. Waters

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33614

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

11/16/1984

5. FEI Number

59-2462698

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

Ajay Patel

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

4747 W. Waters Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33614

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

X *[Signature]*

Date

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
PD	Patel, Ajay K	4747 W. Waters Ave	Tampa, FL 33614

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:

X *[Signature]*

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02

Date

Daytime Phone #

## *Carregal Accounting Service*

10809 N. 56<sup>th</sup> Street, Temple Terrace, Florida 33617  
(813)877-6371 FAX(813)868-0774

State of Florida  
Division of Corporations  
PO BOX 6327  
Tallahassee, Florida 32314

20 March 2001

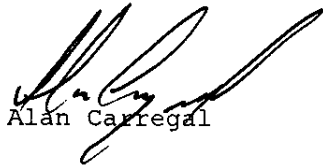
RE: DAE SUNG, INC. #H30401

To Whom It Concern:

This letter is to inform you that my client, Mr. Ajay Patel never received his UBR forms for the past 2 years. The principle address for the corporation is 4355 W. Waters Avenue, Tampa, FL 33614 and has been for the past 2 years.

We are requesting that any filing fees be waived and per my conversation with a state agent enclosed please find a check for \$308.75 (2 years and certificate of status) and a reinstatement application.

Sincerely,



Alan Carregal