

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J31228

1. Corporation Name

JOON'S TRADING, INC.

2. Principal Office Address - No P.O. Box #
9218 SW 21ST AVE3. Mailing Office Address
PO BOX 142602

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32601-3207

Country

US

Zip

32614-2602

Country

US

7. Name and Address of Current Registered Agent

Name
BUM JOON KWAKStreet Address (P.O. Box Number is Not Acceptable)
9218 SW 21ST AVE

Suite, Apt. #, Etc.

City
GAINESVILLEState
FLZip Code
326014. Date Incorporated or Qualified
To Do Business in Florida 09/02/19865. FEI Number
592834151Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$875 Additional Fee required
for a Certificate of Status☒ 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 807.0505 or 817.0503, F.S.

Signature of
Registered Agent*G-c. Kim Kwon*

Date 5-18-2009

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	BUM JOON KWAK	12 E UNIVERSITY AVE.	GAINESVILLE, FL
VSD	OK-CHIN KIM KWAK	12 E UNIVERSITY AVE.	GAINESVILLE, FL

REINSTATEMENT

RH

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 807 or 817, 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 807.0401 or 817.0401, 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 118, 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:

G-c. Kim Kwon OK-CHIN KIM KWAK 5-18-2009 (252) 871-6413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #