•	COMPANY NSTATEMENT		DA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		03 FEB -6 AM II SECRETARY OF STATE AHASSES		
1. Limited OE Principa Suite, Apt. #	7-IN	3. Mailing // O7 Suite, Apt. City & State	3. Mailing Office Address 1079 EAST HWY 98 Suite, Apt. #, etc. City & State DESTIM		100009956381 01/08/03-01051-006 **150.00 10009956381 02/06/03-01010-002 **50.00 4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 7/10/2001 6FEI Number 01-0630259 Not Applicable		
32	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 25 32541 Country USQ 7. CERTIFICATE OF STATUS DESIRED Status; \$5.00 Additional Fee required for a Certificate of Status; Street Address (P.O. Box Number is Not Acceptable) 1079						
ignature of legistered A	Agent _ Au	ccept the obligatio	ns of Chapter 608, F.S. Date				
Titles	s and Street Addresses of Managing I Name of Managing Members/Ma		Street Address of Eacl		Chul Shao I To		
MBR.			Managing Member/Mana		OBTIN, FL, 325	9 /	
1BR	ALON CARM	ELI:	1079 E HW49.		SOUTH PAORE TX 78		
	to the second second					\mathcal{H}	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in filling this reinstatement application the reason for dissolution has been eliminated, the limited flability company name satisfies owed by the limited flability company have been paid. 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 of	-1	Lande
Managing Member/Manager	<u></u>	~~~

Date 117(0) Daytime Phone # 850~654-8956

Typed or printed name of signing Managing Member/Manager

Chain Hershkowitz CR2E041 (10/02)