APPLIGATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		OMPLETI	MG THIS PONM.
DOCUMENT # /V /k3/5- 1. Corporation Name			SC SEP 17 MG 8: 35 SECRETARISE STREETS AND STREETS AND SECRETARISE	
Principal Place of Business Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address GOIW. Palmetto Park Rd. GOIW. Palmetto Park BOCA RATON, 71. 3				
If above addresses are incorrect in any way, line through incorrect information and enter 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Suite, Apt. #, etc. Suite, Apt. #, etc.		d enter correction below.	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For	
City & State Zip Country	City & State	Country	6.	-2744538 Not Applicable \$8.75 Additional Fee required
Names and Street Addresses of Each Officer and/c				OF STATUS DESIRED La total a Contificate of Status
Title(s) 1 Name of Officers and/or Directors		Street Address of Each Officer and/or Director NOT Use Post Office Box N		City / State / Zip
D. CHOE, KI HO	11101	11101 Blue Coral DY.		Boca Raton, 71.33498
D. CHO, SUK IN	10088	10088 Country Brook Rd.		BOCA Ration, 72. 33428
D. KANG, HO JAE		901 W. Palmetto Park Rd.		Boca Roton, 71.33486
D. KWaK, DUK Woo	N 2300 (2300 Griffin Rd. #174		Dania, 76.333/2
D. YUN, KI HWA	9N 10444	Sunstream o	Lane	Boca Raton, 71.33428
D. YUHN, KI HYA	NG 55601	Pacific Blua	1. #418	Boca Raton, 71.33433
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name				
Kook-Sung KIM 22437 SW. 66H. AW, #307 Suite, Apt. #, Etc.				
Boca Raton, 7L. 334.28 City				State Zip Code FL
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 Repistered Agent Color Registered Agent MUST SIGN Date 8/30/98				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No No On intangible tax.)				
12. Learlify 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 filling 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: SQUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SQUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylimo Phono #				

1.0

7. Name and Street Address of Rev. Kim, Kook Sung

1. Title D.

2. Name

Kim, Kook Sung

3. Address

22437 SW 66th Ave., #307

4. City/State/Zip

Boca Raton, FL. 33428