## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

-	RPORATIO ISTATEMEN		Secr	PARTMENT OF STATE etary of State of Corporations		<b>04</b> AUG	ILED BII PH		
DOCUMENT # N35760  1. Corporation Name						SECRETATA DE GLATE FALLABARRE DE GALDE			
		OPLES CHURCH E AVENUE E.	, INC.						
•		Avenue E.	3. Mailing Office of 3655 Venic Suite, Apt. #, etc.	e Avenue E.	<u> </u>	900040083649 08/11/0401030004 **359.00			
						4. Date Incorporated or Qualified To Do Business in Florida 12/20/1989			
City & State			City & State		5. FEI Numb	er	72, 20,	Applied For	
Venice, FL			Venice, FL		650137	7122		Not Applicable	
3395	I	USA	33952	USA	6. CERTIFICAT	E OF STATUS DESIRE		tional Fee required	
7. Name and Address of Current Registered Agent									
	Name								
	David_Christner								
	2477 Stickney Point Road								
Suite, Apt. #, Etc. 200 A									
	city Sara	sota				State Zip Co			
8. I, being	appointed the get	Distered agent of the abo	ove named corporation	, am familiar with and accept the	obligations of sect			Si Si	
Signature of Registered Agent Date 7-20-04  REGISTERED AGENT MUST SIGN									
9. Names	and Street Addre	esses of Each Officer an	d/or Director (Florida r	conprofit corporations must list at	least 3 directors)		<u> </u>		
Titles	(	Name of Officers and/or Directors	6	Street Address of Ea Officer and/or Direct		City / State / Zip			
_ P	Jung Ne	Јо	22	<u>}</u>	Port Charlotte, FL 33952				
VP	Jung Ne	Јо	22	22568 Tampa Avenue		Port Charlotte,FL 33952			
S	Yong Wha	a Cho	64	641 Shetland Circle			Nokomis, FL 34279		
T	David C	hristner	247	2477 Stickney Point Road		Sarasota, FL 34231			
		<u>.</u>	<u>Portane</u>	s to the second of the second					
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									