

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 10 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000053504**

1. Corporation Name

**KATIE COLLECTION, INC.**

Principal Place of Business

**7330 OCEAN TERR., SUITE 1002  
MIAMI BCH FL 33141**

Mailing Address

**7330 OCEAN TERR., SUITE 1002  
MIAMI BCH FL 33141**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/24/2000**

5. FEI Number

**65-1021100**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KIM, JONG K	7330 OCEAN TERR., SUITE 1002	MIAMI BCH FL 33141

8. Name and Address of Current Registered Agent

**KIM, JONG K  
7330 OCEAN TERR., SUITE 1002  
MIAMI BCH FL 33141**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-106-03

(205) 826-2524

CP2E040 (8/02)

**KATIE COLLECTION, INC.**  
7330 OCEAN TERR, SUITE 1002  
MIAMI, FLORIDA 33141

TEL (305) 836-3524

March 6, 2003

DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

Re: Request for reinstatement  
Document #: P00000053504

Dear sir or madam,

This is in request for a reinstatement of our corporation. The corporation did not receive the annual report in 2002 that caused the corporation being dissolved. I have enclosed \$300.00 (fee for 2002 and 2003) along with reinstatement application.

Please update your record as the information appears on the reinstatement application and abate any penalty if there is. Contact us if you have any questions.

Sincerely,



Jong Kuk Kim  
President

Enclosures: A check (\$300.00)  
A reinstatement application