

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILL
04 OCT 18 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED
04 OCT 18 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000055094

1. Corporation Name *Sunny Kim Enterprises, Inc*

800041936968
10/18/04--01058--009 **150.00

2. Principal Office Address
483 Plymouth Rock PL
Suite, Apt. #, etc.

3. Mailing Office Address
483 Plymouth Rock PL
Suite, Apt. #, etc.

City & State
Apopka FL

City & State
Apopka, FL

Zip *32712* Country *US*

Zip *32712* Country *US*

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number *59-3650686*
Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name *Kyung S. Kim*
Street Address (P.O. Box Number is Not Acceptable) *483 Plymouth Rock PL*
Suite, Apt. #, Etc.
City *Apopka* State **FL** Zip Code *32712*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date *10/13/04*
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	<i>Kim, Kyung S.</i>	<i>483 Plymouth Rock PL</i>	<i>Apopka, FL 32712</i>
VSD	<i>Kim, Sook H.</i>	<i>483 Plymouth Rock PL</i>	<i>Apopka, FL 32712</i>

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

President 10/13/04 407-814-0839

Date

Daytime Phone #

CR2E081 (01/04)

P5 2 082

483 Plymouth Rock PL
Apopka, FL 32712
Oct. 13, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Sunny Kim Enterprises, Inc.
Document #P00000055094

Dear Sir/Ma'am,

I was filing for a fictitious name registration on the internet that I found out my company has been dissolved.

I have always filed my annual report, but did not think to file for this year because I rely on the notice you send me, and I did not receive it this year.

Enclosed please find my reinstatement application, and \$150.00 to pay for this year's annual report fee.

Sincerely,

Kyung Kim

