

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 29 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P0000084312**

**1. Corporation Name**

YNJ, INC.

**2. Principal Office Address**

39 N.E. 2ND AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33132

Country

**3. Mailing Office Address**

39 N.E. 2ND AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33132

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida 8/30/2000

**5. FEI Number**

65-1038447

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

KIM, YOUN HO

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

8265 S.W. 145 STREET

Suite, Apt. #, Etc.

City

VILLAGE OF PALMETTO BAY

State

FL

Zip Code

33158

**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

REGISTERED AGENT MUST SIGN

Date 4/28/2004

**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
PD	KIM, YOUN HO	8265 S.W. 145 STREET	VILLAGE OF PALMETTO BAY, FL 3

**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

4/28/2004

Date

305-358-1412

Daytime Phone #

CR2E081 (01/04)

YNJ, INC.  
39 N.E. 2<sup>ND</sup> AVENUE  
MIAMI, FLORIDA 33132

TEL (305) 358-1412

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April 28, 2004

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

Re: Request for reinstatement  
Document #: P0000084312

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 \$450.00 (fee for 2002, 2003 and 2004) 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,

  
Youn Mo Kim  
President

Enclosures: A check (\$450.00)  
A reinstatement application