PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE. FLORIDA DOCUMENT # 701000G3895 1. Gerpondich Name KARIN NEW GENERATION, INC. 2. Procepted Office Address 3*46 LINCOLN R.D. 3*5 L Subs, Apt. 4, etc. 3 R.D. FLOO R Subs, Apt. 4, etc. 3 R.D. FLOO R City & State MI AM! 3 EACH IN. 2p Country 6. SETTRICATE OF STATUS DESIRED 27.1304-0184 **500.00 3. Maining Office Address SQUID, Apt. 7, etc. 3. Maining Office Address SQUID, Apt. 7, etc. 3 R.D. FLOO R Subs, Apt. 7, etc. 3 R.D. FLOO R MI AM! 3 EACH IN. 2p Country 6. SETTRICATE OF STATUS DESIRED 27.1304-0184 **500.00 3. Name and Address of Current Registered Agents Name Jona + Han David General Address of Current Registered Agents The Manual State of Current Registered Agents Subs, Apt. 7, Etc. Subs, Apt. 7, E	T CONCENTEND	ALL INGTHIOOT	IONO DEI ONE C		Fares	1 1] }		
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Titles Officers and/or Directors Name Jona Han David Street Addresse (P.O. Box Number is Not Acceptable) City Miami State State State Registered Agent State	2ip 33179 Country USA		Country	6. CERTIFICATE		0 DECUDED T1 \$8	75 Additional	Fee required	
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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.	this reinstatement application, the reason for dis owed by the corporation have been paid and the	solution has been eliminated e names of individuals listed signature shall have the san	d, the corporate name satisfies on this form do not qualify for	s the requirements an exemption und	of section	607.0401 or 617.0 119.07(3)(i), F.S. T	0401, F.S., that The information	all fees	