

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -5 AM 9:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000087226

1. Corporation Name

YUH ENTERPRISE, INC.

REINSTATEMENT 03-04

01/05/04--01017--030 **900.00

2. Principal Office Address

3373 SOUTH KIRKMAN RD

Suite, Apt. #, etc.

SUITE 929

City & State

ORLANDO, FLORIDA

Zip

32811

Country

3. Mailing Office Address

3139 SHALLOWFORD ROAD

Suite, Apt. #, etc.

City & State

CHAMBLEE, GEORGIA

Zip

30341

Country

DEKALB

4. Date Incorporated or Qualified
To Do Business in Florida

10-31-01

5. FEI Number

59-3740372

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

MYUNG H. YUH

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

3373 SOUTH KIRKMAN ROAD

Suite, Apt. #, Etc.

SUITE 929

City

ORLANDO

State

FL

Zip Code

32811

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

Date 12-28-03

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
P	MYUNG H. YUH	3373 SOUTH KIRKMAN RD SUITE 929	ORLANDO, FL 32811

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

Myung H. Yuh

Date

12-28-03

Daytime Phone #

71452-1044

CR2E081 (10/02)