

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 30 PM 3:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000108729

1. Corporation Name

JiK Investment, Inc.

2. Principal Office Address

2705 54th Ave. N.

3. Mailing Office Address

2705 54th Ave. N.

Suite, Apt. #, etc.

#10

Suite, Apt. #, etc.

#10

City & State

St. Petersburg FL

City & State

St. Petersburg FL

Zip

33714

Country

Zip

33714

Country

800028401818

02/09/04--01026--004 **300700

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

01-0567385

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

Jung IL Kang

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

2705 54th Ave North

Suite, Apt. #, Etc.

#10

City

St. Petersburg

State
FL

Zip Code

33714

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]

REGISTERED AGENT MUST SIGN

Date 1-26-04

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
D	Kang, Jung IL	2705 54th Ave North #10	St. Petersburg FL 33714

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-26-04

Daytime Phone #