

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000114538	
1. Entity Name NAM-SHIN ENTERPRISES, INC.	



Principal Place of Business 150 NW 96 AVE, #206 PEMBROKE PINES, FL 33024	Mailing Address 150 NW 96 AVE, #206 PEMBROKE PINES, FL 33024
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2. Principal Place of Business 8031 W OAKLAND PARK BLVD Suite, Apt. #, etc.	3. Mailing Address 8031 W OAKLAND PARK BLVD Suite, Apt. #, etc.
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City & State SUNRISE, FL	City & State SUNRISE, FL
Zip 33351	Country

6. Name and Address of Current Registered Agent NAM, CHU IL 150 NW 96 AVE, #206 PEMBROKE PINES, FL 33024	
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7. Name and Address of New Registered Agent Name NAM, JOONG WON Street Address (P.O. Box Number is Not Acceptable) 13830 NW 22 CT City SUNRISE FL Zip Code 33323	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>Joong Won Nam</u> Signature, typed or printed name of registered agent and title if applicable.	01/20/05 DATE

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAM, CHU IL 150 NW 96 AVE, #206 PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAM, CHU IL 13830 NW 22 CT SUNRISE, FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAM, JOONG WON 13830 NW 22 CT SUNRISE, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700046292297 02/10/05--01009--019 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Joong Won Nam</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	01/20/05 Date
	954-747-1769 Daytime Phone #

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07-08-04 90190 045 \$150.00



01182005 REIN-P CR2E098 (6/04) 04-05

REINSTATEMENT

\$8.75 Fee Required