

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 12 AM 8:00

DOCUMENT # P02-0000-52960

1. Corporation Name

Sunshine Depot Inc.

REINSTATEMENT 03-04

600031281176
03/26/04--01085--009 **750.00

MRS

2. Principal Office Address

1155 East Atlantic Ave.

Suite, Apt. #, etc.

103

3. Mailing Office Address

8840 S W 67 Court

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Miami, FL 33156-1700

Zip

33483

Country

Zip

33156

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/2002

5. FEI Number

04-3665673

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

/ Chie-Kyoung Hoban

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

8840 S W 67 Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156-1700

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 March 7, 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, Ji-Young	9330 NW 62 Court	Parkland, FL 33067
SD	KIM, Pan-Su	9330 NW 62 Court	Parkland, FL 33067
TD	KIM, Kil-Jum	9330 NW 62 Court	Parkland, FL 33067

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

Kil-Jum Kim, Treasurer 3/9/04 (561) 276-6131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)