PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINS		5 TO 1 TO 1	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		= -	FILED 04 DEC 20 AM II: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
,		SPORT CORP.				Ti	ALL'AHASSEE, FL	Ólunw	
	Office Address W SRIVER	DR	3. Mailing Office 7800 BURN						
Suite, Apt. #	, etc.	• •	Suite, Apt. #, etc. # B			Date Incorporated or Qualified To Do Business in Florida 09/11/2002			
City & State MEDLEY, FLORIDA			City & State VAN NUYS, CALIFORNIA		5. FEI Numbe	5. FEI Number Applied For 13-4211654 Not Applicable			
^{Zip} 33178			Zip 97405	Country USA	6. CERTIFICATE	CERTIFICATE OF STATUS DESIRED (V \$8.75 Additional Fee reg			
· · · · · · · ·			7. Nan	e and Address of Current Regi	stered Agent				
	Name DAVID YUN								
	Street Address (P.O. Box Number is Not Acceptable) 11350 NW SRIVER DR								
	Suite, Apt. #, Etc. LOT 1								
	MEDLEY					State FL	Zip Code 33178		
8. I, being appointed the registered agent of the above names perporation, 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								004	
9. Names	and Street Addr	esses of Each Officer an	d/or Director (Florid	a nonprofit corporations must list	at least 3 directors)				
Titles	Name of Officers and/or Directors		Street Address of E. Officer and/or Direct						
Р	DAVID YUN		7800 BURNET AVE # B			VAN NUYS, CA 91405			
		·			02/1	DD: 5/05-	04656026 -01006022 *	35 ∗158.75	
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 filling 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 accounted, and my signature shall have the same legal effect as if made under oath. SIGNATURE: 12-17-2004 Date Daytime Phocal									

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE FIRST NOTICE FOR THE YEAR OF 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

PRESIDENT