

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000125312 1. Entity Name FINE ENTERPRISES USA, INC.				FILED 05 FEB -8 PM 3:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 2624 CEDAR BLUFF COURT OCOEE, FL 34761 US		Mailing Address 2624 CEDAR BLUFF COURT OCOEE, FL 34761 US		 REINSTATEMENT 04-05 <small>(01/02/2005) (FEE \$100) (CR2E098) (01/04)</small>		
2. Principal Place of Business 340 S SR 434 Suite, Apt., #, etc. SUITE 1040		3. Mailing Address 340 S. SR 434 Suite, Apt., #, etc. SUITE 1040				
City & State ALTAMONTE SPRINGS, FL		City & State ALTAMONTE SPRINGS, FL				
Zip 32714		Zip 32714				
Country		Country		4. FEI Number 86-1086202 <div style="float: right;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name JONG SOO LEE Street Address (P.O. Box Number is Not Acceptable) 6212 BAYHILL LN City LONGWOOD FL Zip Code		
6. Name and Address of Current Registered Agent KANG, KYUNG H 1493 ROYAL CIRCLE APOPKA, FL 32703						
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 1/31/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T LEE, JONG SOO 2624 CEDAR BLUFF COURT OCOEE, FL 34761	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T LEE, JONG SOO 6212 BAYHILL LN LONGWOOD, FL 32799-6224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JONG SOO 2624 CEDAR BLUFF COURT OCOEE, FL 34761	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JONG SOO 6212 BAYHILL LN LONGWOOD, FL 32799-6224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KYUNG HWA LEE 6212 BAYHILL LN LONGWOOD, FL 32799-6224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900046646879 02/15/05--01044--010 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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: 1/31/05 407-794-7888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						