

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

09 APR 28 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/28/09--01040--019 **450.00

REINSTATEMENT 07-09

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000140486			
1. Corporation Name HANWOOREE, INC			
2. Principal Office Address - No P.O. Box # 4944 GREENLAND HIDEAWAY DR N		3. Mailing Office Address 4944 GREENLAND HIDEAWAY DR N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32258	Country U.S.A.	Zip 32258	Country U.S.A.
4. Date Incorporated or Qualified To Do Business in Florida 11/18/2003		5. FEI Number 200538596	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name LEE, KYUNG J			
Street Address (P.O. Box Number is Not Acceptable) 4944 GREENLAND HIDEAWAY DR N			
Suite, Apt. #, Etc.			
City JACKSONVILLE		State FL	Zip Code 32258
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		Date Apr. 23, 09	
REGISTERED AGENT MUST SIGN			
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
PDST	LEE, KYUNG J	4944 GREENLAND HIDEAWAY DR N	JACKSONVILLE, FL 32258
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 contained in Chapter 119, 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: 		PRESIDENT Apr. 23, 09	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone # (904) 536-0317

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