

APPROVED  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 JUN 15 PM 12:25

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000099472

1. Corporation Name

ALLSTATE AI INVESTMENT, INC.

**REINSTATEMENT** 06-07 *RCS*

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

16699 COLLINS AVE

Suite, Apt. #, etc.

#1206

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/01/2004

5. FEI Number

26-0345991

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$675 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SAM HONG

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

16699 COLLINS AVE

Suite, Apt. #, Etc.

#1206

City

SUNNY ISLES BEACH

State

FL

Zip Code

33160

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

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
<u>PRES</u>	<u>MYUNG SOON HONG</u>	<u>16699 COLLINS AVE</u> <u>#1206</u>	<u>SUNNY ISLES BEACH</u> <u>FL 33160</u>
<u>V.P.</u>	<u>SAM HONG</u>	<u>SAME AS ABOVE</u>	<u>SAME AS ABOVE</u>

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06/22/07--01064--005 \*\*300.00

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #