

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 30 AM 9:40

DOCUMENT # P04000107065

1. Entity Name
V-HILL MART, INC.



Principal Place of Business
16621 SHADYHILLS RD.
BROOKSVILLE, FL 34610

Mailing Address
16621 SHADYHILLS RD.
BROOKSVILLE, FL 34610

REINSTATEMENT 05



2. Principal Place of Business
12370 Cassowary LN
Suite, Apt. #, etc.

3. Mailing Address
12370 Cassowary LN
Suite, Apt. #, etc.

09262005 REIN-P CR2E098 (6/04)

City & State
Springhill FL
Zip 34610 Country

City & State
Springhill FL
Zip 34610 Country

4. FEI Number
01-0818290
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHO, KYU TAE
16621 SHADYHILLS RD.
BROOKSVILLE, FL 34610

7. Name and Address of New Registered Agent

Name

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

12370 Cassowary LN

City Springhill FL Zip Code 34610

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME D
STREET ADDRESS CHO, KYU TAE
CITY-ST-ZIP 16621 SHADYHILLS RD.
BROOKSVILLE, FL 34610 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME D
STREET ADDRESS cho, kyu Tae
CITY-ST-ZIP 12370 Cassowary LN
Springhill FL 34610 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900060205249
10/04/05--01025--002 **\$150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/19/05