

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 30 PM 3: 53

DOCUMENT # P06000108724

1. Corporation Name

V BEAUTY CORP.

300162352663
10/30/09--01044--003 **300.00

REINSTATEMENT

08-09 KS

2. Principal Office Address - No P.O. Box # 1124 W. WASHINGTON STREET		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State	
Zip 32805	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 08/21/2006	
5. FEI Number 20-5436096	Applied For <input type="checkbox"/> Not Applicable

7. Name and Address of Current Registered Agent

Name
KIM, DONG S.

Street Address (P.O. Box Number is Not Acceptable)
11931 VALLEY ROAD

Suite, Apt. #, Etc.

City
CLERMONT

State
FL

Zip Code
34715

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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 Dongsu KIM Date 10/27/09
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
P	KIM, DONG S.	11931 VALLEY ROAD	CLERMONT, FL 34715
VP	KIM, SOON O.	11931 VALLEY ROAD	CLERMONT, FL 34715

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: Dongsu KIM Date 10/27/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #