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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DEVISION OF CORPORATIONS OF OCT -1 PM 3:32	
DOCUMENT # P0604	•		
BRENTWOOD C	101HES, INC		
Principal Office Address 3. Mailing Office Address		REINSTATEMENT 00-0	
157 NW 167 St. 6157 NW 167 St.		f Sheet of C	
Suite, Apt. #, etc. Suite F-1	Suite, Apt. #, etc.	4. Date Incorporated or Qualified	
City & State	City & State	To Do Business in Florida 4//5//985	
MIAMIREL	MAMI, FC	5. FEI Number Applied For Not Applied For Not Applicable	
33015 Country USA	33015 Country USA	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable),			
12991 NW 1st. Street Suite, Apt. # Etc.			
Apt # 5-30/			
PEMBROKE PINES State ***********************************			
B. 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 9/36/0/			
Signature of Registered Agent Date 9/36		Date 9/36/6/	
REGISTERED AGENIT MUST SIGN			
Titles Names and Street Addresses of Each Officer an	d/or Director (Florida nonprofit corporations must list at le Street Address of Eac		
Officers and/or Director	s Officer and/or Directo	, Gily / State / Zip	
PSD -SONG, JI-HAENO	islowest LA Cos	A DR PEMBROILE Pines, FC-33027	
T KIM, YOUN SI	L 61ST NW 1698+. # A	F-1 MIAMI, FC- 33015	
D Kim H. K	6157 NW 16751 #	F1 MUMI, F1- 33015	
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O_ 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 filling 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 under section 119.07(3)(i), 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: