2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000007266

FILED Oct 14, 2004 Secretary of State

Entity Nar	me: HUG GIN JO, INC.	
Current P	rincipal Place of Business:	New Principal Place of Business:
		1810 CLEMENT RD SUITE 250 LUTZ, FL 33549 US
Current Mailing Address:		New Mailing Address:
		1810 CLEMENT RD SUITE 250 LUTZ, FL 33549 US
FEI Number:	59-3193568 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
RHODES, JAMES 1810 CLEMENT ROAD LUTZ, FL 33549 US		RHODES, JAMES 1810 CLEMENT ROAD SUITE 500 LUTZ, FL 33549 US
		purpose of changing its registered office or registered agent, or both,
Current Mailing Address: 1810 CLEMENT RD LUTZ, FL 33549 US FEI Number: 59-3193568 FEI Number Applied For () FEI Num Name and Address of Current Registered Agent: RHODES, JAMES 1810 CLEMENT ROAD LUTZ, FL 33549 US The above named entity submits this statement for the purpose on the State of Florida. SIGNATURE: JAMES RHODES Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: Title: P () Delete Name: PETRESKY, MICHAEL Address: 1810 CLEMENT RD City-St-Zip: LUTZ, FL 33549 US Title: V () Delete Name: PETRESKY, PHIL Address: 1810 CLEMENT RD City-St-Zip: LUTZ, FL 33549 US Title: CFO () Delete Name: RHODES, JAMES Address: 1810 CLEMENT RD	10/14/2004	
	Electronic Signature of Registered A	gent Date
Election Car	npaign Financing Trust Fund Contribution ().	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	PETRESKY, MICHAEL 1810 CLEMENT RD	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	PETRESKY, PHIL 1810 CLEMENT RD	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	RHODES, JAMES	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PETRESKY P 10/14/2004