


**2007 FOR PROFIT CORPORATION  
REINSTATEMENT**

**FILED**

2007 OCT 12 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P93000083344</b>			
1. Entity Name <b>C.K. INTERNATIONAL, INC.</b>			
Principal Place of Business <b>398 NE 79TH ST MIAMI, FL 33138 US</b>		Mailing Address <b>398 NE 79TH ST MIAMI, FL 33138 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHUN, KIMBERLY 1359 BAY TERRACE NORTH BAY VILLAGE, FL 33141</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (P.O. Box Registered Agent signature required when submitting)</small>			
FILE NUMBER FEE IS \$150.00 After January 1, 2008, Fee will be \$388.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	OP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHUN, EUGENE</b>	NAME	
STREET ADDRESS	<b>1359 BAY TERRACE</b>	STREET ADDRESS	<b>6001 10706996</b>
CITY-ST-ZIP	<b>NORTH BAY VILLAGE, FL 33141</b>	CITY-ST-ZIP	<b>10/12/07--01009--015 **150.00</b>
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHUN, KIMBERLY</b>	NAME	
STREET ADDRESS	<b>1359 BAY TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH BAY VILLAGE, FL 33141</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 information.			
SIGNATURE: <i>Eugene B Chun</i>		Date: <i>Oct. 8 - 2007</i>	

10/12/07