

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 SEP 29 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021334

1. Corporation Name

EASTERN TREATS, INC.

W00000020752

2. Principal Office Address

5626 HANSEL AVE.

3. Mailing Office Address

5626 HANSEL AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32809

Country

U.S.A.

Zip

32809

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/14/1994

5. FEI Number

59-3248464

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KIM, JAE HEON

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

1502 W. BUSCH BLVD.

Suite, Apt. #, Etc.

STE A2

City

TAMPA

State

FL

Zip Code

33612

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

REGISTERED AGENT MUST SIGN

Date 09-03-00

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
PD	SHIN, CHONG KOO	5626 HANSEL AVE	ORLANDO, FL 32809
VD	JANG, JEONG KOONG	5626 HANSEL AVE	ORLANDO, FL 32809

95.00 UBR TS

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHONG K. SHIN

09-05-00

Date

407-851-3927

Daytime Phone #

**Jae (Jay) H. Kim, CPA**

*Certified Public Accountant*

1502 W. Busch Blvd. Suite A2, Tampa, FL 33612  
Tel: (813) 935-3935, Fax: (813) 935-8576, E-Mail: Ohbang@aol.com

August 16, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Eastern Treats, Inc.  
Document No.: P94000021334

Dear Sir/Madam:

My above referred client was administratively dissolved in 1995. The officers of my client never knew that they had to file the annual report and recently got to know about this matter while trying to buy workers compensation insurance.

I have been told that they completely relied on their former accountants and must have lost the opportunity to learn about this requirement while they were changing their accountants during their first year of incorporation. I thought that they were taking care of UBR by themselves because they never mentioned or asked about UBR.

As you know, my client is a very small business with limited financial resources and the reinstatement fee of \$600 will put undue hardship on my client. Under the circumstances, I earnestly request you to abate the reinstatement fee.

My client will send an Application for Reinstatement with a check of \$900 (?) as soon as you respond this letter with a good news. Your prompt attention and help in this matter will be greatly appreciated. If you have any questions, please do not hesitate to call me.

Yours very truly,

Jae H. Kim, CPA

cc: Chong K. Shin, President  
Eastern Treats, Inc.