PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 1997-1999 AR.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
99 MAR -8 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023184

1. Corporation Name

J N' J KIM, INC.

Mailing Address	Principal Place of Business
200 S.W. 178 WAY	14135 N.W. 7 AVE, #38
PEM BROKE PINES, FL 33029	N. MIAMI, FL 33168

If above addresses are incorrect in any way, line through incorrect information and enter correct on below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable
200 S.W. 178 WAY
Suite, Apt. #, etc.
City & State
PEMBROKE PINES, FL
Zip 33029 County

3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
SAME
City & State
Zip County

4. Date Incorporated or Qualified To Do Business in Florida
3/25/94

5. F.E.I. Number
65-0476970

Apply for F.E.I. Number

6. CERTIFIED COPY OF STATE'S FEES Req.

$8.75 Additional Fee for Certified Copy or Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 officers)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 Do NOT Use Post Office Box Numbers	City, State, Zip 4
P	KIM, JUN KWAN	200 S.W. 178 WAY	PEMBROKE PINES, FL 33029

700002810937--2
-03/18/99--01084--026
****465.00 ****465.00

8. Name and Address of Current Registered Agent

MACDANIEL, JOHN M. P.A.
ONE BISCAYNE TOWER, #2975
TWO S. BISCAYNE BLVD
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
KIM, JUN KWAN
Street Address (P.O. Box Number is Not Acceptable)
200 S.W. 178 WAY
Suite, Apt. #, Etc.
City
PEMBROKE PINES
State FL
Zip Code 33029

10. I being appointed the registered agent of the above named corporation, do hereby accept the designation of Section 607.0505, F.S.

Signature of Registered Agent: X Jun Kwan Kim
REGISTERED AGENT MUST SIGN
Date 3/4/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information concerning the tax)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and offered for the purpose of qualifying for the exemption stated in section 119.07(3)(i), Florida Statutes. To release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i), in the event this information is subsequently deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate and the signature shall have the same legal effect as if made under oath.

SIGNATURE: X Jun Kwan Kim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/4/99

Daytime Phone # 305-687-0076