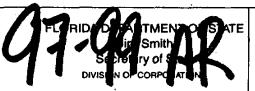
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	ARPLICATION	
Fø	EINSTITEMENT	



FHED

Make Check Payable To: Departs 1. Name and Malling Address of Corporation: DOCUMENT # Nu Line of Miami Corporation 71 E. Flagler St. Miami, FL 33131	nent of State Pay 80008733	7 2. If Addres	
3. Date incorporated or Qualified To Do Business in Florida /ユー!ー94	4. FEI Number 65-0539477		☐ FEI Number Applied For ☐ FEI Number Not Applicable
Names and Street Addresses of Each Officer and/or Director Names of Officers and/or Directors 2	Street Address of E Officer and/or Dire 3 (Do NOT Use Post Office Bo	ctor	City and State
D/P/S Young Wook Lee	6886 SW 88th St	. D-407	Miami, FL 33156
This corporation has liability for intar For intangible tax information call De	ngible tax under section 19 partment of Revenue 904	9.032, Florida 488-6800.	Statutes. Yes No
REGISTERED AGENT INFORMATIO 6. Name and Address of Current Registered Age Young Wook Lee 6886 SW 88th St. D-407 Miami, FL 33156	Street Addre		_
8. I, being appointed the registered agent of the above named corp. Signature of Registered Agent (D. M.	City and Sta		FL. Zip Code FL. Date July 0 9, 99
9. I certify that I am an officer or director or the receiver or trustee or reinstatement application the reason for dissolution has been elimin the corporation have been paid. The Information indicated on this as Signature of Officer or Director. **The Information Indicated On this as the Information of Information Indicated On this as the Information Indicated On the Information Indicated On the Indicated On	ated, the corporate name satisfies the	requirements of sec signature shall have	ction 607.0401 or 617.0401, F.S., and that all fees owed by



ACCOUNT NO. : 072100000032 REFERENCE : 304329 AUTHORIZATION COST LIMIT : \$ 1050.00 ORDER DATE: July 12, 1999 ORDER TIME: 3:59 PM ORDER NO. : 304329-005 CUSTOMER NO: 7188694 COUSTOMER: Mr. Young Wook Lee Nu Line Of Miami Corporation 71 East Flagler Street Miami, FL 33131 DOMESTIC FILINGS NAME: NU LINE OF MIAMI CORPORATION XX REINSTATEMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ___ PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS ____

CONTACT PERSON: Mimi Stephens