

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR DOCUMENT # <i>P96000067962</i> 1. Corporation Name L' PATRICIA OF USA, INC.		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS <i>98-99AR2</i>		FILED 93 MAR -5 PM 3:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																	
Mailing Address 1465 N.E. 163 ST N. MIAMI BEACH, FL 33162		Principal Place of Business 1465 N.E. 163 ST N. MIAMI BEACH, FL 33162																																			
If above addresses are incorrect in any way, line through incorrect information and enter correct on below.																																					
2. New Mailing Address, If Applicable 1465 N.E. 163 ST Suite, Apt. #, etc. City & State N. MIAMI BEACH, FL Zip 33162		3. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business in Florida 8/15/96 5. FEI Number 65-0701958																																	
CERTIFICATE OF STATUS DESIRE																																					
300002806103--1 -03/15/99--01114--005 ****300.00 ****300.00																																					
B. 3/9/99 98-99AR2																																					
7. Names and Street Addresses of Each Officer and Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title</th> <th style="width: 30%;">Name of Officers and or Directors</th> <th style="width: 40%;">Street Address of Each Officer and or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 20%;">City, State, Zip</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">P</td> <td style="text-align: center;">SANG M. LEE</td> <td style="text-align: center;">1465 N.E. 163 ST N. MIAMI BEACH, FL 33162</td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Title	Name of Officers and or Directors	Street Address of Each Officer and or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip	1	2	3	4	P	SANG M. LEE	1465 N.E. 163 ST N. MIAMI BEACH, FL 33162																					
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8. Name and Address of Current Registered Agent JONG H. LEE 901 S. 60 AVE, #260 HOLLYWOOD, FL 33023			9. Name and Address of New Registered Agent Name SANG M. LEE Street Address (Post Office Box Number is Not Acceptable) 1465 N.E. 163 ST Suite, Apt. #, etc. City N. MIAMI BEACH State FL Zip 33162																																		
10. I, being appointed the registered agent of the above named corporation, am familiar with and acknowledge the provisions of Section 237.0505, F.S. Signature of Registered Agent <i>Sang Myoung Lee</i> Date 3/3/99 REGISTERED AGENT MUST SIGN																																					
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 on intangible tax)																																					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Sang Myoung Lee</i> Date 3/3/99 305-948-8882 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																					

**L' PATRICIA OF USA, INC.
1465 N.E. 163RD STREET
N. MIAMI BEACH, FL 33162**

Tel (305) 948-8882

March 3, 1999

DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314



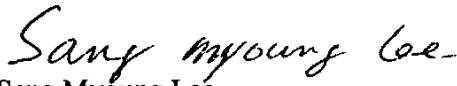
Re: Request for reinstatement
Document #: P96000067962

Dear sir or madam,

This is in request for a reinstatement of our corporation. We did not receive the annual report in 1998 that caused our corporation being dissolved. We have enclosed \$300.00 (fee for 1998 and 1999) along with reinstatement application.

Please update your record as the information appears on the reinstatement application and abate any penalty if there is. Contact us if you have any questions.

Sincerely,


Sang Myoung Lee
President