

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	07 OCT 22 PM 4: 18
DOCUMENT # P9700032998 1. Corporation Name		SECRETARI DE STATE TALLAHASSEE, FLORIDA
SUNG - 0, /, KK YING INC. 2. Principal Office Address - No P.O. Box # 423 RIO CASA DR., N. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 4/10/1997
INDIALANTIC, FL Zip Country 32903 USA	INDIALANTIL, FL Zip Country 32903 USA	5. FEI Number Applied For Not Applicable
	1 32703 USA	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Name JY-FANG YING Street Address (P.O. Box Number is Not Acceptable) 423 RIO CASA DR., N. Suite, Apt. #, Etc. City INDIALANTIC State Zip Code FL 32903		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 Date 10/3/07		
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 E Officer and/or Dire	
P JY-FANG YI	NA 423 RIOCASA DR.	N. INDIALANTIC/FC/32963
VT SUNG-YUEH	YING 423 RIO CASA D	R., N. INDIALANTIC/FC/32903
		10/30/7-11/8-1-36-1-460.00
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 filling 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 contained in Chapter 119, 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: Sand TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



To Whom It May Concern,

Please waive the reinstatement fee since the notices of annual report have not been received.

Best Regards,

President

Sung-O Inc.,