

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 12 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000044079

1. Corporation Name

B.Y. Luggage and Handbags, Inc.

REINSTATEMENT 03-04

400032506324
04/13/04--01016--014 **150.00

2. Principal Office Address

2900 W. Sample Rd.

3. Mailing Office Address

2900 W. Sample Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33067

Country

US

Zip

33067

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5-15-97

5. FEI Number

65-0820043

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

BYUNG D YUN

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

2900 W. Sample Road

Suite, Apt. #, Etc.

City

Pompano Beach

State
FL

Zip Code

33067

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

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
<u>P.</u>	<u>Byung D. Yun</u>	<u>2900 W. Sample Road</u>	<u>Pompano Beach, FL</u> <u>33067</u>

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

B.Y LUGGAGE AND HANDBAGS, INC.
2900 W. SAMPLE ROAD
POMPANO BEACH, FL 33067
(954) 968-8066

April 5, 2004

Re: B.Y Luggage and Handbags, Inc.
Document # P97000044079

To Whom It May Concern:

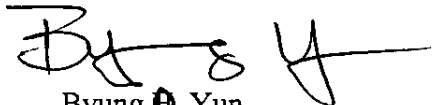
Enclosed please find the reinstatement form for the above referenced client. I did not receive your correspondence dated March 24, 2003, or the correspondence dated October 22, 2003.

I did attempt to file the original report by the May 1, 2003 due date, as you can see by the cancelled check.

Please reinstate the company and waive all late charges.

Thank you for your consideration with this matter.

Sincerely,


Byung D. Yun