م م م الله	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FOR	RM.	1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
FLORIDA DEPARTMENT OF STATE Kuntaine Jarris Secretary of State VISION OF CIRPO. SAS					OIVISION OF CORPORATIONS				
DOCUMENT # P97000107139 1. Corporation Name					00 DEC 19 PM 4: 35				
JAEIL-NONGSSAN, INC.) ∤ .				
Principal Place of Business Mailing Addr					. ~			2 (17) (18) (18) (18) (18) (18) (18) (18) (18	
3367 HOLLYCREST BLVD ORANGE PARK FL 32065		10916 ATLANTIC BLVD 1A JAX FL 32225							
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Aproicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified									
4004 SIOUX CIRCLE.		Suite, Apt. #, etc.			To Do Business in Florida 12/22/1997				
City & State		City,&,State			5. FEI Number 59-349 1484 Applied For Not Applicable 6. S8.75 Additional Fee required				
JACKSONVILLE FL Zip 32259 Country ST JOHNS		Zip	Countr	у	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Names	7. Names and Street Addresses of Each Unicer and/or Director (Florida honorolli corporations must list at least 3 directors)								
Title(s)	Name of Officers and/or Directors 2		eet Address of Each ficer and/or Director	City / State / Zip			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
PD	HA, BYEONG S	3367 HOLLYCRE	est blvd		ORANGE PARK FL 32065				
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	REINSTATEME								
				- LF	ि।	-22-28	00		
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent									
Name YU-D-HAN CPA									
HA, BYEONG S 3367 HOLLYCREST BLVD -Street Address (P.O. Box						is Not Acceptable)	TIG BL	(008) 0000000000000000000000000000000000	
ORANGE PARK FL 32065 Suite, Apt. #, Etc.									
				JA CKSOA		007 0505 5 0	State Zip Code FL 322.	25	
Signature o		ove named corp	oration, am familiar w	in and accept the o	bligations of Secti	on 607.0505, F.S.	28/00		
Registered		GISTERED AG	ENT MUST SIGN	9 00 VENE		Date			
11. 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 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.									
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent									
<u>. </u>						****		006345 AF	