

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 14 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000000611

1. Corporation Name

KOOSON, INC.

2. Principal Office Address

3395 N. DIXIE HWY

Suite, Apt. #, etc.

Suite 7

City & State

BOCA RATON

Zip

33431

Country

U.S.A

3. Mailing Office Address

3395 N DIXIE HWY

Suite, Apt. #, etc.

Suite 7

City & State

BOCA RATON

Zip

33431

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

59-3492863

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

JASON KOO

400004849784

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

3395 N. DIXIE HWY #7

-01/31/02--01004-

025

****758.75 ****

58.75

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code

33431

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

REGISTERED AGENT MUST SIGN

Date 11.05.01

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
Pres	JASON KOO	1138 Russell DRIVE	BOCA RATON FL 33487
V.P.	MIKE VALENCIA	2289 NW 36th ST.	Boca Raton, FL 33431

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)(l), 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:

JASON KOO 11.05.01 561.347.9117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)