

PLEASE READ ALL INSTRUCTIONS BEFORE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

06 SEP 28 AM 9:33

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E091 (12/06)

DOCUMENT # P98000024181

1. Corporation Name

M.J. Modas Corporation

2. Principal Office Address
3726 Vineland Road

3. Mailing Office Address

Suite, Apt. #, etc.
Unit #2

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State

Zip
32811

Country
U.S.A.

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
03/13/98

5. FEI Number
59-3505015

Applied For
Not Applicable

6. CERTIFICATE OF STATE DESIRED \$3.75 Additional Fee required for a Certificate of State

7. Name and Address of Current Registered Agent

Name
Won, Sung A.

Street Address (P.O. Box Number is Not Acceptable)
3726 Vineland Rd.

Suite, Apt. #, etc.
Unit #2

City
Orlando

State
FL

Zip Code
32811

600080232716
00 27 00 01000 000 4-000 00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0003, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Won, Sung A.	3726 Vineland Rd., #2	Orlando, FL 32811
VP	WON, YOUNG SOO	24410 STATE RD. 54	LUTZ, FL. 33559

REINSTATEMENT 05-06

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 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:

SIGNATURE AND LEGIBLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

Sept. 26, 2006 407-835-9466

September 26, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Division of Corporations representative,

Attached is the Corporation Reinstatement Form for M.J. Modas Corporation, P 98000024181.

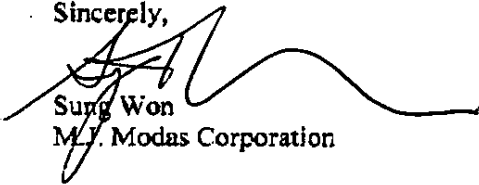
Also attached with that form is a check made payable to the Department of State in the amount of \$300.

We are requesting that the reinstatement fee be waived on the basis that the 2005 Uniform Business Report was not received, but was actually returned to the Division of Corporation after the business had moved.

Please accept this Corporation Reinstatement Form with the \$150 annual report fees for each of the years 2005 and 2006. We have indicated the new business address on the Corporation Reinstatement Form and expect to submit annual report fees timely in the future.

Thank you for your assistance in clearing this matter.

Sincerely,


Sung Won
M.J. Modas Corporation