

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

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

CR2E081 (12/06)

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 STATUS DESIRED ☐

\$3.75 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Won, Sung A.

3726 Vineland Rd.

Unit #2

Orlando

600080232716

03/27/00 01000 000 4-000 00

State

FL

Zip Code

32811

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0603, F.S.

Signature of

Registered Agent

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)

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/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sept. 26, 2006 407-835-9466

Daytime Phone #

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