

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 NOV -9 AM 10: 07

DOCUMENT # P98000044146

1. Corporation Name

Jun Inc

2. Principal Office Address - No P.O. Box #

1420 E.SEMORAN BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

1420 E SEMORAN BLVD

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32703

Country

City & State

Apopka, FL

Zip

32703

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3510719

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

CHANG, JAE J

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

4037 ROCK HILL LOOP

Suite, Apt. #, Etc.

City

APOPKA,

State

FL

Zip Code

32712

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

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
P	CHANG, JAE J	4037 Rock Hill Loop	Apopka, FL 32712
VP	LEE, SU M	4037 Rock Hill Loop	Apopka, FL 32712

REINSTATEMENT

08-10
11/16/10

10. E-mail Address: **koamconnection@yahoo.com**

(To be used for future annual report notification)

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 filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements bsection 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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

10-1-10

Date

Daytime Phone #

407-461-1281