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FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOC	JMENT	# P	98000078794
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1. Corporation Name

KIM'S 27 AVE. STATION INC.

FILED

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SECKETARY OF STATE TALLAHASSEE, FLORIDA

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City & State OPA LOCKA, FLORIDA OPA LOCKA, FLORIDA OPA LOCKA, FLORIDA Country 33056 USA OPA LOCKA, FLORIDA To Do Business in Florida OPA LOCKA To Do Business in Florida For Directors To Do Business in Florida OPA LOCKA To Do Business To Do Business To Do Business To Do Business To Do Business To Do Business To Do Business To Do Business To Do Business To Do Busine	_					1	DEIMIC	TAT	FMFNT	112-03
City & State OPA LOCKA, FLORIDA OPA LOCKA, FLORIDA OPA LOCKA, FLORIDA Zip Street Address of Current Registered Agent Name YONG HO KIM Street Address (P.O. Box Number is Not Acceptable) 17001 N.W. 27 AVENUE Signature of Registered Agent Registered Agent Registered Agent Next Address of Current Registered Agent State Signature of Registered Agent Registered Agent Name and Street Addresses of Each Officer and/or Directors Officers and/or Directors Name of Officers and/or Directors YONG HO KIM 17001 N.W. 27 AVENUE Street Address of Each Officer and/or Directors Name of Officers and/or Directors YONG HO KIM 17001 N.W. 27 AVENUE MIAMI, FLORIDA 33056			I			-		# #-# H	E-PRANSEM A C	
City & State OPA LOCKA, FLORIDA OPA LOCKA, FLORIDA OPA LOCKA, FLORIDA To Do Business in Florida OP/11/1998 Applied For 650871987 Not Applied For Country 33056 USA OPA LOCKA, FLORIDA To Country To Name and Address of Current Registered Agent VONG HO KIM Street Address (P.O. Box Number is Not Acceptable) 17001 N.W. 27 AVENUE Suite, Apt. #i. Etc. City OPA LOCKA State City OPA LOCKA FL 33056 State City OPA LOCKA OPA LOCKA B. 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 Registered Agent Officer and/or Directors Name of Officer and/or Directors Name of Officer and/or Directors Name of Officer and/or Director	Suite, Apt. #	‡, etc.	Suite, Apt. #,	etc.		•	4.5			· · · · · · · · · · · · · · · · · · ·
OPA LOCKA, FLORIDA OPA LOCKA, FLORIDA Just 19	City & State		City & State		<u>.</u>		To Do Bus	porated or iness in Flo	rida	/1008
33056 USA 33056 USA 33056 USA 7. Name and Address of Current Registered Agent Name YONG HO KIM Street Address (P.O. Box Number is Not Acceptable) 17001 N.W. 27 AVENUE Suite, Apt. #, Etc. City OPA LOCKA State OPA LOCKA FL 33056 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 3/3/2003 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director Officer and/or Director Total Address of Each Officer and/or Director Officer and/or Director Name of Officers and/or Director Officer and/or Director Name of Officer and/or Director Name of Officer and/or Director Officer and/or Director Name of Officer and/or Director	,		1 1	CKA, FL	ORIDA	!				Applied For
7. Name and Address of Current Registered Agent Name YONG HO KIM Street Address (P.O. Box Number is Not Acceptable) 17001 N.W. 27 AVENUE Suite, Apt. #. Etc. City OPA LOCKA 8. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent Registered Agent Registered Agent Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles OPA LOCKA PL Zip Code 33056 Date 3/3/2003 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director Officer and/or Director Name of Officers and/or Directors Officer and/or Director Name of Officer and/or Director Officer and/or Director NIAMI, FLORIDA 33056	Zip 3305	•	1 '		•		6.		65 T	5 Additional Regrectific
Name YONG HO KIM Street Address (P.O. Box Number is Not Acceptable) 17001 N.W. 27 AVENUE Suite, Apt. #, Etc. City OPA LOCKA 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 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officers and/or Directors Officer and/or Director Name of Officers and/or Directors Officer and/or Director Name of Officers and/or Directors Officer and/or Director Name, FLORIDA 33056			7. N	Name and Ad	dress of Curr	ent Pagistara	d Anont			
OPA LOCKA 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 Opate 3/3/2003 REGISTERED AGENT MUST SIGN Date 3/3/2003 P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officer and/or Director (City / State / Zip PSD YONG HO KIM 17001 N.W. 27 AVENUE MIAMI, FLORIDA 33056		Street Address (P.O. Box Number is 17001 N.W. 27								
Signature of Registered Agent		'				_			•	
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip PSD YONG HO KIM 17001 N.W. 27 AVENUE MIAMI, FLORIDA 33056	Signature of Registered /	Agent Jangto (REGISTERED AG	ENT MUST S	SIGN			,		
PSD YONG HO KIM 17001 N.W. 27 AVENUE MIAMI, FLORIDA 33056		· · · · · · · · · · · · · · · · · · ·	and/or Director (Flo	rida nonprofit			st 3 directors)	,	<u> </u>	
900013552719	Titles		ors						City / State	/ Zip
900013552719	PSD	YONG HO KIM		17001	N.W. 27	AVENUE		MIA	MI, FLORIDA	A 33056
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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. E.S. I further coefficients and the coefficients are supported to execute this application as provided for in chapter 607 or 617. E.S. I further coefficients are supported to execute this application as provided for in chapter 607 or 617. E.S. I further coefficients are supported to execute this application as provided for in chapter 607 or 617. E.S. I further coefficients are supported to execute this application as provided for in chapter 607 or 617.										

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.

SIGNATURE: (

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/2003

(786) 553-6266

Daytime Phone #