

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000040877					
1. Entity Name PAPA KIM, INC.					
Principal Place of Business 919 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32211			Mailing Address 919 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32211		
2. Principal Place of Business 13237 MILHOUSE WAY Suite, Apt. #, etc.		3. Mailing Address 13237 MILHOUSE WAY Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 59-3574806	
Zip 32224		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEWART, B.D. 8031 EBERSOL ROAD JACKSONVILLE, FL 32216				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
BEAR: May 1 FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME KIM, KYONG S STREET ADDRESS 13237 MILHOUSE WAY CITY - ST - ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 500067945365 03/16/06--01006--020 ***300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME KINZEL, YONG S STREET ADDRESS 13237 MILHOUSE WAY CITY - ST - ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 03/9	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>X</u> <u>YONG S. KINZEL</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-20-06 904-221-0635 Date Daytime Phone #		

FILED

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RECEIVED STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06