

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -3 AM 9:01

DOCUMENT # P99000067690 - 5/2/01

1. Corporation Name

Kim Ahn Enterprises, Inc.

000004009260--3

-04/16/01--01007--012

****900.00--****900.00

2. Principal Office Address

8612 Via Giardino

Suite, Apt. #, etc.

3. Mailing Office Address

8612 Via Giardino

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33433-2211 Broward

Zip

33433-2211 Broward

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/29/99

5. FEI Number

65-0937494

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

Kum Joo Ahn

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

8612 Via Giardino

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433-2211

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

[Signature]

REGISTERED AGENT MUST SIGN

Date Feb. 6, 2001

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
PSTD	Kum Joo Ahn	8612 Via Giardino	Boca Raton, FL 33433-2211

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kum Joo Ahn, President

(305) 625-7507

2/6/01

Date

Daytime Phone #

CR2E081 (9/00)