


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000076320		
1. Entity Name KONUS INCORPORATED		

FILED

05 FEB 28 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2758 N.W. 112 AVE MIAMI, FL 33172	Mailing Address 2758 N.W. 112 AVE MIAMI, FL 33172
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01212005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0946978

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
CHOI, EUNG J 8005 S.W. 107 AVE, #118 MIAMI, FL 33173	

7. Name and Address of New Registered Agent	
Name CHOI, EUNG J	
Street Address (P.O. Box Number is Not Acceptable)	
2758 N.W. 112 AVE	
City MIAMI	Zip Code 33172

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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHOI, EUNG J 8005 S.W. 107 AVE, #118 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHOI, EUNG J 2758 N.W. 112 AVE MIAMI, FL 33172 <input checked="" 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	400048435674 03/15/05--01050--020 ***308.75 <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
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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 exemption stated in Section 119.07(3)(i), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Eung J Choi

Feb/09/05 305-A3-469


KONUS, INC.
2758 N.W. 112 AVE
MIAMI, FLORIDA 33172
TEL (305) 639-1757

January 24, 2005

DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

Re: Request for reinstatement
Document #: P99000076320

Dear sir or madam,

This is in request for a reinstatement of our corporation. The corporation did not receive the annual report in 2004 that caused the corporation being dissolved. I have enclosed \$300.00 (fee for 2004 and 2005) along with reinstatement application.

Please update your record as the information appears on the reinstatement application and abate any penalty if there is. Contact us if you have any questions.

Sincerely,



Eung J. Choi
President

Enclosures: A check (\$300.00)
A reinstatement application