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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

| CORPORATION<br>REINSTATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| DOCUMENT # <b>P99000110868</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                                                                                                 |                          |
| 1. Corporation Name<br><b>SAM YONG INTERNATIONAL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                                                                                                                 |                          |
| 2. Principal Office Address - No P.O. Box #<br><b>4444 Lawton</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | 3. Mailing Office Address<br><b>4444 Lawton</b>                                                                                                                 |                          |
| Suits, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | Suits, Apt. #, etc.                                                                                                                                             |                          |
| City & State<br><b>Detroit MI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | City & State<br><b>Detroit MI</b>                                                                                                                               |                          |
| Zip<br><b>48208</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>USA</b>             | Zip<br><b>48208</b>                                                                                                                                             | Country<br><b>USA</b>    |
| 4. Date Incorporated or Qualified To Do Business in Florida<br><b>4/20/2000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   | 5. FET Number<br><b>31-1685420</b>                                                                                                                              |                          |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>SO IS APPLICABLE IF REQUESTED FOR A REINSTATEMENT</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | 7. Applied For<br><input type="checkbox"/> Not Applicable                                                                                                       |                          |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                                 |                          |
| Name<br><b>CT Corporation System</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                                                                                                 |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1200 S. Pine Island Road</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                 |                          |
| Suits, Apt. #, Etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                                                                                                 |                          |
| City<br><b>Plantation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   | State<br><b>FL</b>                                                                                                                                              | Zip Code<br><b>33324</b> |
| 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.<br>Signature of Registered Agent <b>Jessica M. Eisele</b> Date <b>2/1/08</b><br><b>JESSICA M. EISELE</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                                                                                                 |                          |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                                                                                                 |                          |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name of Officers and/or Directors | Street Address of Each Officer and/or Director                                                                                                                  | City / State / Zip       |
| P-S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Samsuk Kim                        | 4444 Lawton                                                                                                                                                     | Detroit, MI 48208        |
| VP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Dennis R. Kapp                    | Same                                                                                                                                                            | Same                     |
| T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Dennis R. Kapp                    | Same                                                                                                                                                            | Same                     |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Dennis R. Kapp                    | Same                                                                                                                                                            | Same                     |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Samsuk Kim                        | Same                                                                                                                                                            | Same                     |
| 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 contained in Chapter 119 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: <b>Dennis R. Kapp</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | Date <b>2/1/08</b> Phone <b>727-480-4226</b>                                                                                                                    |                          |
| SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                                 |                          |

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Florida Department of State  
Division of Corporations  
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## CORPORATION REINSTATEMENT

SAM YONG INTERNATIONAL, INC.

|                       |          |
|-----------------------|----------|
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