

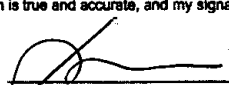


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S37012			
1. Corporation Name YUN MANAGEMENT CORPORATION			
2. Principal Office Address 1601 Kersley Circle		3. Mailing Office Address 1601 Kersley Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Heathrow, Florida 32746		City & State Heathrow, Florida 32746	
Zip 32746	Country USA	Zip 32746	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 3/12/1991		5. FEI Number 593056566	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent			
Name Scott D. Clark		300004617213-3	
Street Address (P.O. Box Number is Not Acceptable) 655 West Morse Blvd, Suite 212, Winter Park, Florida 32789		-10/01/01--01020--026	
Suite, Apt. #, Etc. Suite 212		***1058.75 ***1058.75	
City Winter Park		State FL	Zip Code 32789
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 		Date 7/11/01	
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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D, P	Byong Yun	1601 Kersley Circle	Heathrow, FL 32746
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)(f), 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: 		BYONG YUN PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 7/11/01	Daytime Phone # 703-399-3417

FILED

01 SEP 20 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

99-01

CR-0001 (8/00)

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