

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 DEC -9 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S67945

1. Corporation Name
SAMSHIN INC.

Principal Place of Business
**801 SO. ROYAL POINCIANA BLVD
MIAMI SPRINGS FL 33166**

Mailing Address
**801 SO. ROYAL POINCIANA BLVD
MIAMI SPRINGS FL 33166**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**8750 NW 36th ST.
Suite, Apt. #, etc.
260**

City & State
MIAMI, FL 33178

Zip
33178 Country
USA

3. New Mailing Office Address, If Applicable

**8750 NW ST #260
Suite, Apt. #, etc.
Suite 260**

City & State
MIAMI, FLORIDA

Zip
33178 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/1991

5. FEI Number

65-0310813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDT	MOON, MYUNG K.	*12742 SW 116TH TER* 11030 SW 69 AVE	MIAMI FL MIAMI, FL33156
DS	MOON, JIN W.	*12742 SW 116TH TER* 11030 SW 69 AVE	MIAMI FL MIAMI, FL33156
D	MOON, SUNG K.	*12742 SW 116TH TER* *****	MIAMI FL *****
			800002372528--8 -12/15/97--01129--002 *****750.00 *****750.00
			REINSTATEMENT
			800002372528--8 -12/15/97--01129--003 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

**KURZBAN, MARVIN
2650 SW 27TH AVE
2ND FL
MIAMI FL 33133**

9. Name and Address of New Registered Agent

Name
JAY KOENIGSBERG, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1101 BRICKELL AVE #800 SOUTH
Suite, Apt. #, Etc.
Suite 800 South
City
MIAMI State
FL Zip Code
33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **12-8-97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-7-97

Date

(305) 436-6000

Daytime Phone #

CR2E040 (8/97)