

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONSDOCUMENT # **S 67945**

1. Corporation Name

SAMSHIN, INC.**FILED****02 APR 17 PM 3:07**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

Principal Place of Business

**8786 N.W. 18 TERR
MIAMI, FL 33172****8786 N.W. 18 TERR
MIAMI, FL 33172**

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

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida**7/15/91**

5. FE# Number

65-0310813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒**\$3.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City State Zip
PD	MYUNG K. MOON	8786 N.W. 18 TERR	MIAMI FL 33172

**800005419068--3
-05/01/02--01086--013
****308.75 ****308.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MYUNG K. MOON
8786 N.W. 18 TERR
MIAMI, FL 33172**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 AgentDate **03/28/2002**

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Date

Daytime Phone #

**03/28/2002 305 436
-6000**

SAMSHIN, INC.
8786 N.W. 18TH TERR
MIAMI, FLORIDA 33172

TEL (305) 436-6000
FAX (305) 436-5070

2 of 2

March 27, 2002

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

-Re: Request for reinstatement
Document #: S67945

Dear sir or madam,

This is in request for a reinstatement of our corporation. The corporation did not receive the annual report in 2001 that caused the corporation being dissolved. I have enclosed \$308.75 (fee for 2001, 2002 and certificate of status) 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,



Myung K. Moon
President

Enclosures: A check (\$308.75)
A reinstatement application