

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 21 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S69883

1. Corporation Name

KSYYP Corporation, Inc.

2. Principal Office Address

2098 NW 20 Street, #5

Suite, Apt. #, etc.

#5

City & State

Miami, Florida

Zip

33142

Country

USA

3. Mailing Office Address

2098 NW 20 Street

Suite, Apt. #, etc.

#5

City & State

Miami, Florida

Zip

33142

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

July 26, 1991

5. FEI Number

650291623

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Peter Previti, Esquire

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

5825 Sunset Drive

Suite, Apt. #, Etc.

Suite 210

City

South Miami

600004425888-5

State
FL

06/18/01 01158 013

****33142 08.75 ****08.75

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

5-7-01

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
P,D	Kwang S. Park	2098 NW 20 Street, #5	Miami, Florida 33142
D	Yong Ym Park	2098 NW 20 Street, #5	Miami, Florida 33142
S,T	Bum Joon Park	2098 NW 20 Street, #5	Miami, Florida 33142

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)(l), 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

5-7-2001

Date

305-545-8218

Daytime Phone #

CR2E081 (9/99)