

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG 10 PM 1:38

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08/10/09--01046--004 ***450.00

DOCUMENT # S72858

1. Corporation Name

Oscar Enterprises, Inc.

REINSTATEMENT 07-09
CREDIT 11/2/08

KS

2. Principal Office Address - No P.O. Box #
2700 N W 5th Avenue

3. Mailing Office Address
2700 NW 5th Avenue

Suite, Apt. #, etc.
#10 ~ #13

Suite, Apt. #, etc.
#10 ~ #13

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33127

Country
USA

Zip
33127

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida **Yes**

5. FEI Number
65-0280184

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
Peter L Fishel, CPA

Street Address (P.O. Box Number is Not Acceptable)
2386 NE 172nd Street

Suite, Apt. #, Etc.

City
North Miami Beach

State
FL

Zip Code
33160

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of Registered Agent

Peter L Fishel

Date 8/7/2009

REGISTERED AGENT MUST SIGN

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
PD	OH, Jae W	5757 Collins Ave, Apt 505	Miami Beach, FL 33140
SD	OH, Kyong S	5757 Collins Ave, Apt 505	Miami Beach, FL 33140

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:

Jae W Oh

Date 08/07/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #