


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

1/2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 20 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **582525**

1. Corporation Name

CHO IMPORT-EXPORT, INC.

2. Principal Office Address

9100 SW 103 ST.

3. Mailing Office Address

9100 S.W. 103 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL

Zip

33177

Country

U.S.

Zip

33177

Country

U.S

500056349985
06/20/05--01061--002 **300.00

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida

9-23-91

5. FEI Number

65-0313352

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

W. LOWE

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

13374 S.W. 128 ST.

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33186

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



REGISTERED AGENT MUST SIGN

Date

6/16/05

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. PRES.	CHO, YONG	9100 SW 103 ST.	MIAMI, FL. 33177

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)(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

6/16/05

Date

(305) 279-9009

Daytime Phone #

CR2E081 (01/05)

2/2

Winston A. Lowe
Certified Public Accountant

Member
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

13374 S. W. 128 Street
Miami, Florida 33186
Tel: (305) 238-2389
Fax: (305) 238-0210

June 16, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

My client, Cho Import-Export, Inc. has just recently learned that the company was involuntarily dissolved and was told by phone that the enclosed form should be completed and sent with a check for \$300 as soon as possible.

Please send future correspondence to their present address at 9100 SW 103 Street, Miami, Florida 33177.

Very truly yours,
WINSTON A. LOWE


Certified Public Accountant