

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # F94000006492

1. Corporation Name

DAEWOO ELECTRONICS CORPORATION OF AMERICA

Principal Place of Business

120 CHUBB AVENUE  
LYNDHURST NJ 07071

Mailing Address

120 CHUBB AVENUE  
LYNDHURST NJ 07071

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/20/1994

5. FEI Number

95-3074420

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>PD</del>	<del>CHOI, YONG N</del>	<del>4000 45TH ST</del>	<del>FT LEE NJ 07024</del>
<del>T</del>	<del>PHIM, CHONG</del>	<del>4400 TERESA DR</del>	<del>FORT LEE NJ 07024</del>
PD	KIM, JONG J	1034 ASH DRIVE	MAHWAH N.J 07430
T	LEE, YEON S	382 VILLEGE CT	FORT LEE NJ 07024

8. Name and Address of Current Registered Agent

CHOI, E J  
8300 NW 53RD ST  
STE 306  
MIAMI FL 33166

9. Name and Address of New Registered Agent

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 Agent

REGISTERED AGENT MUST SIGN

Date

11. 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.

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-11/10/99--01004--016  
\*\*\*758.75 \*\*\*758.75

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #