	PLEASE READ	ALL INST	RUCTION	S BEFORE (	<u>2</u> OMPLE I	ING THIS FURM.	
API	PLICATION FOR	A DEPARTMENT OF STATE Sandra B., Mortham				•	
REINISTATEMENT WAREN				Secretary of State		FILED	
DOCUMENT # N31762  1. Corporation Name					98 DEC -7 PM 1:00		
Ko	REAN ASSOCIATION O	F GREAT	TER MIAM	i, incorpora	fed TALL	CRETARY OF STATE LAHASSEE, FLORID	A
Principal Place of Business Mailing Address							
13847 S. Dixie Highway Same Miami, Florida 33176						I A SEC A SEC SEC SE AS NOT	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						<u>ISTATEME</u>	N-41-68
			New Mailing Office Address, If Applicable			orated or Qualified ness in Florida 4/1	7/89
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State		City & State  Zip Country			65 - 0232117 Not Applicable  6. S8.75 Additional Fee required		
Zip	Country	Zip	Cou	aury 	CERTIFICATE		r a Certificate of Status
7. Names a	and Street Addresses of Each Officer and/o Name of Officers and/or Directors	or Director (Flor	,	Street Address of Each Officer and/or Director	1	City / Sta	te / Zip
	2	3 (Do NOT	3 (Do NOT Use Post Office Box Numbe		4		
P	CHO, Soo Se		13847 S. Dixie High		<u> Iiqhway</u>	Miami, FL	33176
VP	YI, Ina		9400 E.Broad View Dr.			Bay Harbor	-54. Island,FL 331
VР	KIM, Alex Young	1055 N.E. 202 Ter.			N.Miami Bea	ch, FL 33179	
s_	LEE, Jae-Sik		1155 N. E. 111 St.		Miami, FL 33161		
D_	CHOI, Kyung Soo		199 Ocean Dr., Ar		pt. 201	Key Biscayn	e, FL 33149
			REMS	TATEM	M 9	1-98 NG	
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent		
CHO See Se					(2-14-98 § 90.0. Box Number is Not Acceptable)		
	.3847 S. Dixie High Miami, FL 33176	Suite, Apt. #, E		3000027209037 #			
MIAMI, FD 33170			City			-12/23/38U <del></del>	1.06U003 <del>-****306.50</del>
40 L haire					<u> </u>	FL	Zip Code
Signature of Registered A	appointed the registered agent of the abov	///	ration, am familiar	with and accept the ob	pigations of Section	Date 1/3-	; }
11. Thi	s corporation owes or ha	s paid the	e current ye	ear Yes 🔲	No X	(See other side on intang	for information ible tax.)
12. I certify this reins owed by	hat I am an officer or director or the receive tatement application, the reason for dissolt the corporation have been paid and the na optication is true and accurate, and my sign	er or trustee em ution has been e ames of individu	powered to execute the contract of the contract of the contract of this formal states on this formal states are contract on this formal states on this formal states are contract on the contract of the contr	e this application as proporate name satisfies to	rovided for in chap the requirements of an exemption und	of section 607.0401 or 617.040	11, F.S., that all fees
SIGNAT	URE: SIGNATURE AND SYPED EN PHIN	ED NAME OF S	GNING EPFICER OF	DIRECTOR	//- 3	/	253-7363 ime Phone #
			/			•	