PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 30 AM 10:04

DOCUMENT # N31762

1. Corporation Name

Korean-American Association of South Florida, Inc.

REINSTATEMENT 00

2. Principal Office Address	**3.** Mailing Office Address
5205 N.W. 72nd Ave.	5205 N.W. 72nd Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33166 Country: Miami-Dade	Zip: 33166 Country: Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida: 4/17/1989

5. FEI Number: 65-0232117 ☐ 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: Chie-Young Chyung

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-11/17/00--00016--018
****245.00 ****245.00

Street Address (P.O. Box Number is Not Acceptable): 1550 Madruga Avenue

Suite, Apt. #, Etc.: Suite 415

City: Coral Gables State: FL Zip Code: 33146-3019

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: Chie-Young Chyung Date: 10/24/00

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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	SOHN, Lee	15018 S.W. 141st Place	Miami, FL 33186
VP	CHO, Young	9100 S.W. 103rd Street	Miami, FL 33176
D	KIM, Chong Whan	14401 Bedford Ct.,	Davie, FL 33325
D	LEE, Jong H.	8531 S.W. 5th St., # 111	Pembroke Pines, FL 33025
D	OH, Joong Hoon	1551 N.E. 167 St. #704	N. Miami, FL 33162
D	LEE, Jong Joo	1891 N.W. 88th Way	Coral Springs, FL 3307

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: Lee Sohn LEE SOHN (PRES.) 10-27-00 (305) 772-8522 (305) 251-9697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #