## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATION STATEMENT		s	ecretary o	MENT OF S of State appraations	STATE			EP 22 PM 8: RETARY OF S AHASSEE, FLO		
DOCUMENT # N 43701  1. Corporation Name								TALL	AHASSEE. FLI	JKIVA	
	LI	GHTHO	usz	BAPT	IST						
CHURCH OF LAKELAND, INC.											
2. Principal Office Address 3. Mailing Office Address							e በ ፕሮሽ	FARGART	~ /·	-04	
5440: US HWY. 98 N. 5440 Suite, Apt. #, etc. Suite, Apt. #,				US HWY. 98N. DEM			EMP)	TOTO FOR DEED WEEK COLOR			
	ggardi	- «سيرا سا	Suite, Apr. #, t	s.c. 			4. Date Incomp	orated of (	MARKET BARRETT		00T -C
City & State							To Do Busii		rida 06/0	<del>/</del>	d For
Lakeland, FL Zip Country Zip				Lakeluna, FL			5. FEI Number Applied For Not Applicable				
	809	POLK	1 '	809	Po l	LK	G. CERTIFICATE	OF STATU		iditional Fe ertificate o	
7. Name and Address of Current Registered Agent Name											
KWANG Nam Kim 100041.									1412538 -0101-004	3□1 **400	ı nn
	Street Address (P	.O. Box Number is N	is Not Acceptable) 3673 HERO				DY.				
	Suite, Apt. #, Etc.		1	<i>-</i>							
	City	Velbou	ne			• • • • • • • • • • • • • • • • • •		State FL	Zip Code 3297	1	,
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 Lang Com Ling REGISTERED AGENT MUST SIGN									9/20/00	4	CR2E081 (01/04
9. Names	and Street Addresse	s of Each Officer an	d/or Director (Flo	rida nonprofit	corporations mu	ıst list at lea	at 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
$\mathcal{D}^-$	EOM,	·Ki	YEON-	4523	Oak	Gla	N Rd.	Lak	reland/FL/	3381	3
$\mathcal{D}$	Parker	r, Ca	rroll	195	Fleet	wood	Ave.	Bo	rtow/FL/	3383	0
S	Jacks	on, Yo	NG A.	486	Shan	ikin	Rd.	Ba	rtow/FL/3	3A30	
D	ROE,	Bok	CHA	5022	- Fair	fax	Dr. E.	Lak	eland/FL/	3381	3
D	Burnse	æd, N	JoLa	917	Hand	Ver	Way	Lal	celand/FL/	331/	}
T	KWON,	Sang	Hui	1920	E. Edg	rewood	l Dr.	Lak	reland/FL/	′∃≷₽∘ <u>-</u>	ř
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 filling 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.  SANG HUI KWON  SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											
	SKANATU	NE ARD ITPED OR PR	MAILU KAME OF S	MANUNG OFFIC	en un DIRECTO	ri		Date	<ul> <li>Daytime P</li> </ul>	none #	