

PLEASE READ ALL INSTRUCTIONS

07 AR

FLORIDA DEPARTMENT OF
Sergeant Mort
Secretary of
DIVISION OF CORPORATE

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

P95000025420

Mailing Address

2850 NW 5TH AVENUE
MIAMI FL 33127

2. New Principal Office, Address: If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/30/1995

Suite, Apt. #, etc.

Sulte, Apt. #, etc.

City & State

City & State

Zip 33046

Country India

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	KIM, BYUNG H	9100 W. ATLANTIC BLVD. #6B 1010 Coral Ridge Dr #203	CORAL SPRINGS FL 33071 Coral Springs FL 33071
SVD	KIM, OK AE	9100 W ATLANTIC BLVD, SUITE 6B 1010 Coral Ridge Dr #203	CORAL SPRINGS FL Coral Springs FL 33071 Coral Springs
			800002332398-- 5 -10/29/97--01054--016 *****585.00 *****585.00

6. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIM, BYUNG H

Name _____

Kim, Byung H.

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

1010 Coral Ridge Dr #203
Suite Apt # Flr

Suite, Apt. #, Etc.

City

State

Zip Code	
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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**

Date 10-23-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

Date _____

Daytime Phone #

CP2E040 (8/97)