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CORPORATION REINSTATEMENT  CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE SACRETARY OF STATE SACRETARY OF STATE SACRETARY OF STATE DAYS OF CORPORATIONS  DOCUMENT # 74/407  1. Corporation have  The Korean Association of West Florida, Inc.  2. Principal Office Address  Sub. Address  S		FILEU
CORPORATION REINSTATEMENT Secretary of State OVISION OF CORPORATIONS  DOCUMENT # 74/407 1. Corporation Name The Korean Association of West Florida, Inc  2. Principal Office Address Suite Apr. 1, etc.  3. Mailing office Address Suite Apr. 1, etc.  Suite Apr. 1, etc.  Cry A State Cry A State Tampa FL Tampa FL Tampa FL Tampa FL Tompa FL	PLEASE READ ALL INSTRUCTIONS BEFO	ORE COMPLETING THIS FORM.  O4 APR 12 PM 2: 39
1. Corporation Name  The Korean Association of West Florida, Inc  2. Principal Office Address  STIFF W. Waters he FIRS II Waters Are  State, Apr. F. etc.  State, Apr. F. etc.  State, Apr. F. etc.  1. State  Tampa FL  Tampa FL  Tampa FL  To be States  To Country  33615 U. S. A. 33615 U. S. A	REINSTATEMENT Secretary of State	
2. Pumppel Office Address 8 3. Mailing Office Address 8 3.	1. Corporation Name	······································
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Suite. Apt. 8, etc.  City & State  Tampa  Tampa  Tampa  Tampa  To Do Business in Product  Tampa  To Do Business in Product  Tampa  To Do Business in Product  To Account in Product in P		
City & State  Tampa  FL  Sp- 215 1704  Applied For Not Applicable  Sp- 215 1704  Not Applicable  Sp- 215	8145 W. Waters Ave 8145 W. Waters	200032505502 
City & State  Tampa  Tompa  To	Suite, Apt. #, etc.  Suite, Apt. #, etc.	
33615 U. S. A 33615 U. S. A. S. A 33615 U. S. A. S. CERTIFICATE OF STATUS DESIRED STATUS DESIRED STATUS DESIRED TO A COntinuate of Status For a Continuate of Fig. 32615  8. 1. being appointed the registered agent of the above named corporation, am targillar with and accept the obligations of section 607.0905 or 617.0503, F.S. Signature of Registered Agent Fig. 32615  9. Names and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least 3 directors)  7. Indices Fig. 32615  9. Names and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least 3 directors  8. Titles Fig. 32615  9. Names and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least 3 directors  9. Names and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least 3 directors  9. Names and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least 3 directors  9. Names and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least 3 directors  9. Names and Street Addresses of Each Officer and/or Director Florida nonprofit corporation floridations  10. Leafly 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 turther 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 foes over by the corporation have been paid and the names of individuals listed on this f	Tampa FL Tampa FL	5. FEI Number Applied For
Titles Chicera and/or Directors  Titles Chu S, Moon   2059 Stone Crossing Tampa Fe 33635  VO IK K. Cho 7047 S;   Ver mill of Tampa Fe 33635  VO IK K. Cho 7047 S;   Ver mill of Tampa Fe 33635  STD Kimin Lee   1/2 9   4/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1	Table   Tabl	G. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Street Address (F.O. Box Number is Not Acceptable)  Suite, Apt. V. Etc.  City  Tampa  8. 1, being appointed the registered agent of the glove named corporation, am targillar with and accept the obligations of section 607.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Officer and/or Directors  Officer and/or Director  Officer and/or Director  Tampa Ft 33635  VD IK K. Cho 1047 S:   Ver mill dr Tampa Ft 33635  STP Kimin Lee   /// 129   ythim dr Tampa Ft 33635  STP Kimin Lee   /// 129   ythim dr Tampa Ft 33556  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 statisfies the requirements of section 607.0401 or 617.0401, F.S., that all foes over 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)(), 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.	7. Name and Address of Current Registered Agent	
Suite, Apt. #, Etc.  City Tampa  8. 1, being appointed the registered agent of the ghove named corporation, am largillar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Officer and/or Directors  Officer and/or Director Tampa  Fampa  F		
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SIGNATURE: 04-06-04 813 404 5071	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  Date  Daytime Phone #	SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

From: The Korean Association of West Florida. Inc

To: Depart of Corporation.

we have election every two years.

I talked to previous officers, they said they did it receive renowal notice, so do we.

Please wave the penalty for reincfatement.

Gincerly yours.

Non Suk.
Non Suk.
Non elected president of
the Korean American Association of
West Florida. Jac.

\* enclosed are four year annul Report

Are (\$61.75 × 4 = 245.00)