

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: 56

APPROVED  
AND  
FILED04 OCT 25 PM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B182

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F89856

1. Corporation Name

Hansung Kim, M.D., P.A.

2. Principal Office Address

21178 Olean Blvd. N.W. #4

Suite, Apt. #, etc.

3. Mailing Office Address

21178 Olean Blvd. N.W. #4

Suite, Apt. #, etc.

City &amp; State

Port Charlotte, FL

Zip

33952

Country

United States

City &amp; State

Port Charlotte, FL

Zip

33952

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

07/07/1982

5. FEI Number

59-2245630

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

Hansung Kim, M.D.

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

21178 Olean Blvd., N.W. #4

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33952

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

REGISTERED AGENT MUST SIGN

Date

10/21/04

## 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
D/P	Hansung Kim	21178 Olean Blvd., N.W. #4	Port Charlotte, FL 33952

400042188854  
10/28/04--01060--014 \*\*150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/04 (941) 625-3548

CR2E081 (01/04)

PS 2/2

**HANSUNG KIM, M.D., F.A.A.F.P., F.A.C.A.**  
FAMILY AND GERIATRIC MEDICINE

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21178 OLEAN BOULEVARD  
OLEAN MEDICAL OFFICES, SUITE 4  
PORT CHARLOTTE, FLORIDA 33952  
(941) 625-3033 • (941) 625-3045

October 21, 2004

Florida Department of State  
Secretary of State  
Glenda E. Hood  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Reinstatement of Corporation  
Document # F89856- FEI # 59-2245630

Dear Ms. Hood:

I am requesting the late fee for filing my corporation be waived. I have not received the annual report notice this year and can attribute this to the hurricanes my area faced this year. Port Charlotte was devastated by hurricane Charley (8/13/2004), along with Frances and Ivan. This affected me as well as many other business owners.

Please, find my application for reinstatement along with my check for one hundred and fifty dollars. I appreciate the consideration for waiving the late fees.

Sincerely,

  
Hansung Kim, M.D.