

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 30 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003816

1. Corporation Name

HEE MANG AMERICA, INCORPORATED

Principal Place of Business

Mailing Address

3501 W. Vine st. Suite 519
World Executive suites
Kissimmee, FL. 34741

3501 W. Vine St. Suite 519
World Executive Suites
Kissimmee FL. 34741

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

July 6, 1998

5. FEI Number

51-0382006

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
president	Han, Young Sik	3501 W. Vine Street Suite 519	Kissimmee FL, 34741

200003088512--1
-01/05/00--01029--005
****750.00 ****750.00

8. Name and Address of Current Registered Agent

Han, Young Sik
210 E. Monument Ave. Suite C
Kissimmee FL. 34741

9. Name and Address of New Registered Agent

Name HanSuck Shim

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

1400 Crown View C.T.

Suite, Apt. #, Etc.

City Kissimmee

State FL

Zip Code 34744

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/27/99

11. This corporation owes 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 #

[Signature]

12/24/99

KE