PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC -9 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M23230**

1. Corporation Name

M. K. INTERNATIONAL TRAVEL AGENCY, INC.

Principal Place of Business	Mailing Address
~~901 S. ROYAL POINCIANA BLVD.~~ ~~MIAMI SPRINGS, FL 33166~~	~~901 S. ROYAL POINCIANA BLVD.~~ ~~MIAMI SPRINGS, FL 33166~~

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

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
8750 N.W. 36 ST.	8750 N.W. 36 ST.
Suite, Apt. #, etc.: # 260	Suite, Apt. #, etc.: #260
City & State: MIAMI , FLORIDA	City & State: MIAMI FLORIDA
Zip: 33178 Country: U.S.A.	Zip: 33178 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 11/12/1985

5. FEI Number: 59-2449520 ☐ 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)

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
PD	MOON, MYUNG KUNE	12742 S.W. 116 TERR.	MIAMI FL 33186
TSD	MOON, JIN W.	12742 S.W. 116 TERR	MIAMI FL 33186
TSD	LAIDLAW, RONNIE	8717 S.W. 81ST COURT	MIAMI FL 33143
			000002025720--0 -12/11/96--01025--028 ****383.75 ****383.75
			JB12-9-96

8. Name and Address of Current Registered Agent

~~WITLIN, IRA, ESQ.~~
~~#107, 17555 S. DIXIE HWY.~~
~~MIAMI FL 33157~~

9. Name and Address of New Registered Agent

Name: M.K. MOON
Street Address (P.O. Box Number is Not Acceptable): 8750 N.W. 36 ST.
Suite, Apt. #, Etc.: # 260
City: MIAMI, FLORIDA State: FL Zip Code: 33178

CR2E040 (7/96)

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: 12/1/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/96 Date 305436-5020 Daytime Phone #

0048767 AP