

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB -8 PM 3:30

DOCUMENT # N00000001002

1. Corporation Name

Korean Association of Northwest Florida, INC.

2. Principal Office Address - No P.O. Box #

122 Seascap Blvd.

3. Mailing Office Address

319 Jasmine Ave

Suite, Apt. #, etc.

#310

Suite, Apt. #, etc.

City & State

Miramar Beach, Fl

City & State

Valparaiso

Zip

32550

Country

Walton

Zip

32580

Country

Okaloosa

000168245180
02/08/10--01064--014 **612.50
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/2000

5. FEI Number

743062595

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

Sumcha Hindbaugh

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

406 Crystal Lane

Suite, Apt. #, Etc.

City

Niceville

State

FL

Zip Code

32578

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Sumcha Hindbaugh *Sumcha Hindbaugh*

Date 02/01/2010

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	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Chong Hwa Smith	122 Seascap Blvd.	Miramar Beach Fl 32550
V	Nak S. Sung	4 Tanglewood Cr.	Fort Walton Beach, Fl 32547
T	Mikyong Choe Hartley	319 Jasmine Ave	Valpariaso Fl 32580
D	Sumcha Hindbaugh	406 Crystal Lane	Niceville Fl 32578

REINSTATEMENT

04-10

B 2/19/10

10. E-mail Address: arialdestin@gmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Chong Hwa Smith *CHONG HWA SMITH*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/2010 850-585-3358

Date

Daytime Phone #