

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000002684**

1. Corporation Name

KOREAN FOLK ART HERITAGE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3715 WEST CYPRESS ST.
TAMPA FL 33607

8104 W. WATERS AVE
TAMPA FL 33615

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 03

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/2000

5. FEI Number

APPLIED FOR

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KIM, SUK TAE	3715 WEST CYPRESS ST.	TAMPA FL 33607
D	YOON, DIAL	1914 NO. HIMES AVE.	TAMPA FL 33607
D	SOO SHIN, BEOM	14001 WALDEN SHEFFIELD RD.	DOVER FL 33527
D	SUP HAN, YONG	8838 NORTH 56TH ST.	TEMPLE TERRACE FL 33617
D	YOO, SAMMY	4532 WEST KENNEDY BLVD., #141	TAMPA FL 33609
D	DEAN, JINA	3513 WEST BAY AVE.	TAMPA FL 33611

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YOON, DIAL
1914 HIMES AVE.
TAMPA FL 33607

Name

KIM SUK TAE

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

8104 W. Waters Ave

Suite, Apt. #, Etc.

700024983957

City

Tampa

State

FL

Zip Code

33615

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/1/03

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 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

Date

11/1/03

Daytime Phone #

CR2E040 (7/03)