

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUN 25 AM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N000000007674

1. Corporation Name

MIAMI CALVARY MISSION CHURCH, INC.

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

Suite, Apt. #, etc.

901 NW 112 AVE

City & State

PLANTATION, FL

Zip

33325

Country

BROWARD

3. Mailing Office Address

Suite, Apt. #, etc.

901 NW 112 AVE

City & State

PLANTATION, FL

Zip

33325

Country

BROWARD

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/2000

5. FEI Number

65-1057548

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

YOON, SUNG HWAN

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

1401 NW 108th AVE., #298

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33322

☐ 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.

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06/25/09--01004--008 **542.50

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6-10/09

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	YOON, SUNG HWAN	1401 NW 108th AVE., #298	Plantation / FL / 33322
T	YIM, CHONG SON	4266 SW 87 Ter.	Cooper City / FL / 33328
S	LEE, CHONG SOO	5020 SW 120 AVE.	Cooper City / FL / 33330
REINSTATEMENT RH			
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09/04/03--30060--003 **61.25			

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 contained in Chapter 119, 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

6-10/09

Daytime Phone #