PLEASE READ	ALL INSTRUC	TIONS B	EFORE C	OMPLETI	NG THIS FOR	M.	
APPLICATION FOR REINSTATEMENT	FOR Secretary of State			FILED			
DOCUMENT # N0000007849 1. Corporation Name				02 SEP -5 AM 10: 49			
OREAN INTERNATIONAL MISSION TRAINING CENTER, IN				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
rincipal Place of Business Mailing Address							
47 PATICA RD., N.E. T. PETERSBURG FL 33702	347 PATICA RD., N.E. ST. PETERSBURG FL 33702						
				DETAIL		1-01-02	
If above addresses are incorrect in any way, line through incorrect in the second seco		nformation and enter correction below. Ing Office Address, If Applicable		4. Date Incorporated or Qualified			
2. New Enhapsi Office Address, ii Applicable				To Do Business in Florida 11/22/2000			
uite, Apt. #, etc. Suite, Apt. #,		etc.		5. FEI Number		Applied For	
City & State City & State				59-3	101660	Not Applicable	
Zip Country	Žip Country		***	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 nonp	rofit corporation	ns must list at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City	/ State / Zip	
rinci Sung BAK		1. Pac		2d. NE	St. Pe	te Ec 33%	
irec Lee, Dong-Ku		11150 9TH STN #4301			33702		
irec Lee firl Boo		,280 Lawrenceville-Sunithered					
litec INTAZ KIM		2257 = Halsborough Ave Tampa FIL 33610					
Direct William J. BERGJ		10827 GROUR TER SEMINOLEFL 33772					
					-09/10/02-	37200 -01032011	
8. Name and Address of Current Registered Agent				9. Name and A	\ddres # #1*/16 w Hegiste	Bd A\$###297.5U	
Name						3	
			Street Address (I	ress (P.O. Box Number is Not Acceptable)			
347 PATICA RD., N.E. ST. PETERSBURG FL 33702			Suite, Apt. #, Etc				
			City State Zip Code				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation							
Carolon	Tim	Ba	1			30 02.	
Signature of Registered Agent	٠/٧١ ر	<u> </u>	The Control of the Co		Date		

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 filling 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:

REGISTERED AGENT MUST SIGN

8-30-62
Date Daytime Phone #