

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -6 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N83000010709

1. Corporation Name

Glory Korean Baptist Church, Inc

2. Principal Office Address

798 North Pearl Street

Suite, Apt. #, etc.

3. Mailing Office Address

798 North Pearl Street

Suite, Apt. #, etc.

City & State

Crestview Florida

Zip

32536

Country

USA

City & State

Crestview Florida

Zip

32536

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0476306

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04

7. Name and Address of Current Registered Agent

Name

Simon Yang Chung

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

798 North Pearl Street

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32536

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

Simon Chung
REGISTERED AGENT MUST SIGN

Date

12/02/04

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
B	Simon Yang chung	798 North Pearl Street	Crestview Florida 32536
D	Kim Spence	5346 Kentucky Street	Crestview Florida 32539
D	SOK Sim Parrish	5819 Hillcrest Drive	Crestview Florida 32539
			822/6
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/02/04

Daytime Phone #

CR2E081 (01/04)