PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE . Secretary of State . DIVISION OF CORPORATIONS		7 [L <u>L 1</u>] 77 FEB - 7 AH 8: 17
DOCUMENT # N22535 1. Corporation Name ASSEMBLY OF GOD KOREAN CHURCH		2.	LEAHASSEE, FLORIDA
OF LAKELAND, INC.		REI	NSTATEMENT 06-0
Principal Office Address - No P.O. Box # 1333		CR2E081 (1/07)	
City & State Land F.L.	City & State	Date Incorporated or Qualified To Do Business in Florida FEI Number	
33801 Country U.S.A.	Zip Country	6.	59-2838358 Not Applicable OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status.
Name JONG OCK REESE Street Address (P.O. Box Number is Not Acceptable) 4527 Waring Road Suite, Apt. #, Etc. City Lakeland State Zip Code FL 33811		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 Date JAN. 31, 07 REGISTERED AGENT MUST SIGN			
9. Names and Street Add passes of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Street Address of Each Officer and/or Directo		City / State / Zip
D Jong ock Re		Rd	Lakeland, Fl. 33811
T The Bun S T Sun ok Kel	hin 2010 W. Lake Har	wilton opt#6 oveDr	WinterHAven F.L.33881 Lakeland F.L.,3381
		50 02/16/	0088464415 0701005004 **122.50
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 JAN, 31, 07 Daytime Phone #			