

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 FEB -7 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N22535**

1. Corporation Name  
**ASSEMBLY OF GOD KOREAN CHURCH  
OF LAKELAND, INC.**

**REINSTATEMENT 06-07**

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # <b>1333 E. Main St</b>		3. Mailing Office Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Lakeland FL.</b>		City & State	
Zip <b>33801</b>	Country <b>USA</b>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <b>59-2838358</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <b>JONG OCK REESE</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4527 Waring Road</b>	
Suite, Apt. #, Etc.	
City <b>Lakeland</b>	State <b>FL</b>
Zip Code <b>33811</b>	

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: **Jong Ock Reese** REGISTERED AGENT MUST SIGN Date: **JAN. 31, 07**

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
D	Jong Ock Reese	4527 Waring Rd	Lakeland, FL. 33811
T	Tae Bun Shin	2010 W. Lake Hamilton	Winter Haven FL. 33881
T	Sun Ok Kelly	1969 Crystal Grove Dr	Lakeland FL, 33811

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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 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: **Jong Ock Reese** **JAN, 31, 07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #