

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 23 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36734

1. Corporation Name

KOREAN CATHOLIC COMMUNITY OF MIAMI, INC.

Principal Place of Business

3600 S.W. 32ND BLVD.
HOLLYWOOD FL 33023
US

Mailing Address

O/O FR. JAE HY NAM
1051 W. FAIRWAY RD.
PEMBROKE PINES FL 33026
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/1990

5. FEI Number

65-0178152

Applied For

Not Applicable

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 nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	NAM, FR. JAE HY	1051 W. FAIRWAY RD.	PEMBROKE PINES FL
D	CHOE, KI NAM	712 VERONA CT.	FT. LAUDERDALE FL
D	PARK, YONG YM	2630 N.W. 5TH AVE.	MIAMI FL
D	Lee, Sung Hi	12744 S.W. 112 Ter.	Miami FL 33146
			200002413092--2 -01/27/98--01048--005 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

NAM, FR. JAE HY
1051 W. FAIRWAY RD.
PEMBROKE PINES FL 33026

9. Name and Address of New Registered Agent

Name

FR: yeoung sik Kang

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

1051 W. Fairway Rd

Suite, Apt. #, Etc.

City

Pembroke pines

State

FL

Zip Code

33026

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/23 '99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/23/99

Daytime Phone #