

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 15 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1737835

1. Corporation Name

Korean Catholic Mission of Tampa, Inc.

2. Principal Office Address

6400 E. Chelsea St

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33610

Country

USA

3. Mailing Office Address

15415 N Florida Ave

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33613

Country

USA

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/24/1990

5. FEI Number

59-2995296

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dr. Soonho Andrew Hong

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

15415 N Florida Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip

33613

REINSTATEMENT

B 5/22/06
D 1/10/06

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

REGISTERED AGENT MUST SIGN

Date 5/10/2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State / Zip
P	Dr Soonho Andrew Hong	15415 N Florida Ave	Tampa, FL 33613
V	Dr Seungjo Vincent Choi	12911 Grand Traverse Dr	Dade City, FL 33525
V	Dr Joongkyu Anselmo Choi	5707 Emerson Ct	Palm Harbor, FL 34685
S	Dr Jinmo Augustin Kim	14607 Mondavi Ct	Tampa, FL 33626
T	Youngie Anna Choi	12911 Grand Traverse Dr	Dade City, FL 33525

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/10/06

Daytime Phone #