

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

11 OCT -7 PM 4: 25  
Document Number  
1194 000000115  
TALLAHASSEE, FLORIDA

DOCUMENT # 1194 000000115

1. Corporation Name

DREAM CHURCH, INC

2. Principal Office Address - No P.O. Box #

1310 John Moore Rd

Suite, Apt. #, etc.

3. Mailing Office Address

1310 John Moore Rd

Suite, Apt. #, etc.

City & State

Brandon, FL

Zip

33511

Country

USA

City & State

Brandon, FL

Zip

33511

Country

USA

500213050455

10/07/11--01032--003 \*\*236.25

CR2E081 (11/10)

4. Date incorporated or Qualified  
To Do Business in Florida

03/04/1998

5. FEI Number

59-3291815

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

BERRY, IK SUN

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

428 S. PINE AVE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34474

REINSTATEMENT

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/14/11

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
P	KIM SUK KOO	4601 Cabbage Plant Dr	Valrico, FL 33596
VP	PARK OK C	2451 Earlswood CT	Brandon, FL 33510
D	Yoon KEUMWHAN	110 Morning Side Dr	Valrico, FL 33594
T	HADY SONG CHA	3940 E. GREEK WOOD Dr	Plant City, FL 33563
T	HALL YEARNY, C	12923 Longcrest Dr	Riverview, FL 33569
S	CHANG HYE SUK	6532 Bimini Ct	Apollo Beach, FL 33572

10. E-mail Address: Ksg 9999@ymail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Suk Koo Kim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-2011

Date

Daytime Phone #