

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPLICATION FOR
REINSTATEMENT



1997 AIR
FLORIDA DEPARTMENT OF STATE
Sally B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 17 1997 8:00am
Secretary of State

DOCUMENT # N95000003361

1. Corporation Name

LEE'S TAE KWON DO CHARITY, INCORPORATED

TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

779 NORTH LAKE BOULEVARD
NORTH PALM BEACH FL 33480

779 NORTH LAKE BOULEVARD
NORTH PALM BEACH FL 33480

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/19/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

FL 65-0602727

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
	LEE, CHU YOUNG P.T.	8568 DOVER BROOK DR. 1	PALM BEACH GARDENS, FL 33410
	SCIRROTTO, GREGORY V.P.T.	701 OKEECHOBEE BLVD	WEST PALM BEACH, FL 33401
	ROARKE, RANDA ST	417 DRIFTWOOD RD	NORTH PALM BEACH, FL 33408

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YOUNG LEE, CHU PLEASE NOTE NAME CORRECTION
779 NORTHLAKE BLVD.
NORTH PALM BEACH FL 33408

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

Chu Young Lee

REGISTERED AGENT MUST SIGN

Date 5/27/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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:

Chu Young Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/97 561-881-7070
Date Daytime Phone #

CP2E040 (7/96)