

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N96000004781**

1. Corporation Name

**ORLANDO AIKIKAI, INC.**

Principal Place of Business

Mailing Address

**13518 SUMMERTON DRIVE  
ORLANDO, FL 32824**

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

2. New Principal Office Address, If Applicable

**5651 COMMERCE DRIVE**

Suite, Apt. #, etc.

**SUITE # 9**

City & State  
**EDGEWOOD, FLORIDA**

Zip  
**32809**

Country

**ORANGE**

3. New Mailing Office Address, If Applicable

**7512 DR. PHILLIPS BLVD.**

Suite, Apt. #, etc.

**SUITE 50-905**

City & State  
**ORLANDO, FLORIDA**

Zip

**32819-5148**

Country

**ORANGE**

4. Date Incorporated or Qualified  
To Do Business in Florida

**JANUARY 26, 1996**

5. FEI Number

**59-3506888**

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)

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
DIRECTOR	SEUNG B. KIM	13518 SUMMERTON DRIVE	ORLANDO, FLORIDA 32824
DIRECTOR	YER VUE	141 PINELWOOD DRIVE	DAVENPORT, FL 33837
DIRECTOR	MICHAEL V. DETTMERS	7550 HINSON ST. APT 10-C	ORLANDO, FL 32819

**300002516593-- 4**

**05/08/98 01013-002**

**\*\*\*\*297.50 \*\*\*\*297.50**

8. Name and Address of Current Registered Agent

**SEUNG B. KIM  
13518 SUMMERTON DRIVE  
ORLANDO, FL 32824**

9. Name and Address of New Registered Agent

Name

**MICHAEL V. DETTMERS**

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

**7512 DR. PHILLIPS BLVD**

Suite, Apt. #, Etc.

**SUITE 50-905**

City

**ORLANDO, FL 32819-5148**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **APRIL 28, 1998**

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]*

**MICHAEL V. DETTMERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 28, 1998**

Date

**407-246-6416**

Daytime Phone #

CFR2040 (1/98)