PLEASE READ ALL INSTRUCTIONS BEFORE USING

APPLICATION FOR REINSTATEMENT

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

FILED
Aug 28, 2000 8:00 am
Secretary of State
08-28-2000 90038 010 ****61.25

DOCUMENT # N96000006339

A0074541

1. Corporation Name
The Incorporated Korean-American Association of Central Florida, Inc.

Principal Place of Business | Mailing Address

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

2. New Principal Office Address, If Applicable
1709 Silver Star Road
Suite, Apt. #, etc.
Orlando, FL
City & State
32804
Zip | Country
Orange

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
1709 Silver Star Road
City & State
Orlando, FL
Zip
32804
Country
Orange

4. Date Incorporated or Qualified To Do Business in Florida 12-12-96

5. FEI Number
59-3413886
☐ 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
DP	Kwak, Kwang	650 Clay St.	Winter Park, FL 32789
DVP	Park, Il S.	7109 Harbor Height Cir	Orlando, FL 32835
DS	Kim, Hyung B.	5342 Lake Margaret Dr. 519	Orlando, FL 32812
D	Park, Jeho	11016 Sylvan Pond Cir.	Orlando, FL 32825
VP	Baek, Jae-Kyeong	2437 SE Fort King St.	Ocala, FL 34471

8. Name and Address of Current Registered Agent

Kwang Kwak
650 Clay St.
Winter Park, FL 32789

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1709 Silver Star Road
Suite, Apt. #, Etc
City: Orlando | State: FL | Zip Code: 32804

CR2E040 (12/96)

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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)(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: _____ 8/22/00 407-294-7520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #