

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006339

1. Corporation Name

THE INCORPORATED KOREAN-AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC

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

131 Wekiva Pointe Circle

Suite, Apt. #, etc

City & State

Apopka, FL

Zip

32712

Country

3. Mailing Office Address

131 Wejuva Pointe Circle

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32712

Country

REINSTATEMENT 05-10

800182818188

07/01/10--01036--021 **542.50

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1996

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. Name and Address of Current Registered Agent

Name

CHIN H LEE

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

1839 Plymouth-Sorrento Rd

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32712

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

X

Date **06/28/2010**

REGISTERED AGENT MUST SIGN

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,D	Suk I Park	131 Wekiva Pointe Circle	Apopka, FL 32712
S,D	Ja Sang Koo	4702 Park Eden Circle	Orlando, FL 32810
T,D	Ped Hong	2579 San-Tecla Street	Orlando, FL 32835

10. E-mail Address:

(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., 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.

SIGNATURE:

X

06/28/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #