

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT 31 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200137522642  
10/31/08--01018--010 \*\*300.00

DOCUMENT # P00000001638

1. Corporation Name

JONG H. LEE, CPA, PA

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

6600 TAFT STREET

3. Mailing Office Address

6600 TAFT STREET

Suite, Apt. #, etc.

307

Suite, Apt. #, etc.

307

City & State

HOLLYWOOD

City & State

HOLLYWOOD

Zip

FL

Country

BROWARD

Zip

FL

Country

33024

4. Date Incorporated or Qualified

To Do Business in Florida 01/06/2000

5. FEI Number

65-0504555

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

JONG H. LEE

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

6600 TAFT STREET

Suite, Apt. #, Etc.

307

City

HOLLYWOOD

State

FL

Zip Code

33024

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Jong H. Lee*  
REGISTERED AGENT MUST SIGN

Date 10/22/2008

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
PD	JONG H. LEE	6600 TAFT STREET, # 307	HOLLYWOOD, FL 33024
	<i>[Signature]</i>		

10. 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 contained in Chapter 119, 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:

*Jong H. Lee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2008

Date

954-967-0001

Daytime Phone #