

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
*Jodi UEL*

FILED

01 DEC 12 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000070459

1. Corporation Name

TAE KWON DO UNLIMITED TRAINING CENTER INC.

Principal Place of Business

Mailing Address

707J SAMMS AVE.  
PT. ORANGE FL 32127

707J SAMMS AVE.  
PT. ORANGE FL 32127

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

07/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-365-9133

Not Applicable

Zip

Country

Zip

Country

32127

VOLUSIA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PRES	DAVID LOVELAND	1086 DONNELL DR	PORT ORANGE FL 32129
VP	BRUNO J PEREZ	1103 4TH ST	PORT ORANGE FL 32119

100004740991-6  
-12/27/01--01034--010  
\*\*\*150.00 \*\*\*150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOLMEL, DOLORES C  
4790 SPRUCE CRK. RD.  
PT. ORANGE FL 32127

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

*Dolores C. Kolmel*

Date 10/18/01

REGISTERED AGENT MUST SIGN

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 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:

*David L. Loveland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/01

Date

386-322-9010

Daytime Phone #

**DO NOT REMOVE!**

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TAE KWON DO UNLIMITED TRAINING CENTER  
707 J SAMMS AVENUE  
PORT ORANGE FL, 32119

10/18/01

To Whom It May Concern:

This letter is to inform you that the above named corporation has not been dissolved. We never received the original application for renewal. The mailing address on the dissolution papers is incorrect, there is no mailbox at that site. All correspondence needs to be mailed to:

Tae Kwon Do Unlimited

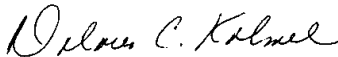
C/O D. Kolmel

4790 Spruce Crk Rd

Port Orange Fl, 32127

I have enclosed a check for \$150.00, for the Corporation fee.

Dolores Kolmel, Agent



David Loveland, President