

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 FEB 14 AM 10 40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000026252**

**1. Corporation Name**

world professional golf association  
incorporated  
2419 SW 20th Terrace  
Ocala FL 34474

**2. Principal Office Address**

2419 SW 20th Terrace

**3. Mailing Office Address**

2419 SW 20th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

Zip

34474

Country

USA

Zip

34474

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/13/01

**5. FEI Number**

59-3712357

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

Paul K. Cho

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

2419 SW 20th Terrace

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date *FEB/10/2015*

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | Paul K. Cho                          | 2419 SW 20th Terrace                              | Ocala FL 34474     |
| V      | Kim M. Jeong                         | 2419 SW 20th Terrace                              | Ocala FL 34474     |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

**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 under section 119.07(3)(f), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/05)