

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030542

1. Corporation Name

NATURAL CURE CENTER, INC.

Principal Place of Business

6943 STIRLING ROAD
DAVIE FL 33314

Mailing Address

6943 STIRLING ROAD
DAVIE FL 33314

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/2001

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CHO PARK, SUNG OAK	6943 STIRLING ROAD	DAVIE FL 33314

600008624786
10/28/02--01079--005 **150.00

8. Name and Address of Current Registered Agent

CHO PARK, SUNG OAK
6943 STIRLING ROAD
DAVIE FL 33314

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/25/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02

954-792-8781

Date

Daytime Phone #

**NATURAL CURE CENTER, INC.
6943 STIRLING ROAD
DAVIE, FL 33314**

TEL (954) 792-8781

October 25, 2002

DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

Re: Request for reinstatement
Document #: P01000030542

Dear sir or madam,

This is in request for a reinstatement of our corporation. The corporation did not receive the annual report in 2002 that caused the corporation being dissolved. I have enclosed \$150.00 (fee for 2002) along with reinstatement application.

Please update your record as the information appears on the reinstatement application and abate any penalty if there is. Contact us if you have any questions.

Sincerely,

Sung Ock Cho-Park
President



Enclosures: A check (\$150.00)
A reinstatement application