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APPLICATION OF FLORIDA DEPARTMENT Sandra B. Mortha Secretary of State		rtham	· · · · · · · · · · · · · · · · · · ·				
REINSTATEMENT	EINSTATEMENT DIVISION OF CORPORATIONS		in the	F1LED			
DOCUMENT # <i>P93000045375</i>			00 JAN 24 PH 12: 57				
HARIMSTAE KWON DO, INC. 11398 W. Flagler St. #108 Miami, Florida 33174 W-1600			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business	Mailing Address						
11398 W. Flagler St:108 Miami, Florida 33174 SAME						N	
the bound addresses are incorrect in any way, line than	uidh incorrect information and enter	correction below.	REINS	TATEM	ENI	15-0U	
New Principal Office Address. If Applicable			4. 'Date Incorpora To Do Busines		June	28.1993	
Suite, Apt. #, etc.	,	981	5], FEI Number	24627	-	Applied For	
City & State Zip Country	Oity & State Zip Countr	ry	G.	OF STATUS DESIRED		Not Applicable	
				01/1/00/2/25/1/25/2	A TOF a CE	rtificate of Status	
Names and Street Addresses of Each Officer and/o Name of Officers	51	reet Address of Each flicer and/or Director	a directors;		ity / State / Zip		
Title(s) and/or Directors	Jse Post Office Box Nu	e Post Office Box Numbers) 4					
P/T/S HARIM BERMUDEZ 917 W 135 CT.			the second	Miami	,F1. 3	3183	
			-00	-02/02 :1 -02/02/0 ***1358		703 '1028 *1358,75	
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				0000:31 -02/02/0 ****150	0107-0107		
					<u> </u>		
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent				
Florida 33183			rim Bermudez O. Box Number is Not Acceptable)				
			. 135 cT.				
			Florida S. S. State Zip Code				
10. 1, being appointed the registered agent of the above	a corned the constitution and familiar wi	Miami	rations of Section	607.0505 F.S	FL	33183	
Signature of Registered Agent X	DISTERED AGENT MUST SIGN	?		Date 01/14/2	GOOD.	· . <u>-</u>	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)							
12. 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 filling 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 fisted 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.							

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OPPICEN OR DIRECTOR Date Dayling Phone #

SIGNATURE: