

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 25 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1999-2000

Annual Report

DOCUMENT # P94000073849

1. Corporation Name

DEE TAE KWON DO, INC.

2. Principal Office Address

17091 PINES BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

17091 PINES BLVD

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

Country

33029

BROWARD

City & State

Pembroke Pines FL

Zip

Country

33029

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

OCT 31 1994

5. - FEI Number -

65-0547313

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

CHRISTOPHER N. DEE

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

18245 NW 12th ST

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

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]

Date FEB 10 2000

REGISTERED AGENT MUST SIGN

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

PRES. CHRISTOPHER N. DEE

17091 PINES BLVD.

Pembroke Pines, FL
33029

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****300.00 ****300.00

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)(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]

CHRISTOPHER N. DEE FEB 10, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 432-2737

CR2E081 (9/99)

2

17091 Pines Boulevard
Pembroke Pines, FL 33027
Tel : 954-432-2737

DEE TAE KWON DO

February 15, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement

Gentlemen:

Enclosed is our Application for Corporation Reinstatement together with a check in the amount of \$300.00 representing the Annual Report Fee and Corporate Supplemental Fee for the years 1999 and 2000.

Also enclosed is the Year 2000 Annual Report Form.

We were advised that this Corporation was dissolved in 1999 for failure to file the 1999 Annual Report.

However, during 1999 we did not receive any forms or correspondence from your department for completion and filing of the 1999 Annual Report (in all prior years, upon receipt of such Report forms, they were completed and filed promptly). In addition, we did not receive any subsequent correspondence from your department indicating that such form was required and upon failure to file, the corporation would be dissolved.

Therefore, we respectfully request that the reinstatement fee of \$600.00 be waived in this case and that the corporation be reinstated upon the payment of the 1999 Annual Fee and corporate supplemental fee in the aggregate amount of \$150.00 (the remaining \$150.00 is in payment of the fees for the year 2000).

Thank you very much for your consideration.

Very truly yours,



Christopher N. Dee, President