

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066065

1. Corporation Name

LUCKS WAY CORPORATION

Principal Place of Business

Mailing Address

3655 Cheney Hwy
Titusville, FL 32780

3655 Cheney Hwy
Titusville, FL 32780

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
08/24/95

5. FEI Number

59-3334706

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, D	SUNG H CHOI	575 Shadow Wood Ln 225	Titusville, FL 32780
			500002778305--4 -02/17/99--01066--019 *****300.00 *****300.00
			500002778305--4 -02/17/99--01066--020 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

MYUNG PAIK

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

2211 LEE RD #208

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

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

REGISTERED AGENT MUST SIGN

Date 2/5/99

11. This corporation owes 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/99

407) 628-4553

CR2E081 (12/98)

20f2

SUNG H CHOI
LUCKS WAY CORPORATION
3655 Cheney Hwy
Titusville, FL 32780
407)269-7110

Dept of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

Our 1998 annual report was returned to State due to the incorrect address. Please consider this fact. We provide a correct mailing address on the reinstatement form.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "K. Choi", is written below the "Sincerely yours," text.