

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN 31 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000077323

1. Corporation Name

CHAMPION TAE KWON DO ACADEMY, INC

2. Principal Office Address - No P.O. Box #

7590 STARKEY ROAD

Suite, Apt. #, etc.

City & State

SEMINOLE, FLORIDA

Zip

33777

Country

USA

3. Mailing Office Address

8719 MERRIMOR BLVD E.

Suite, Apt. #, etc.

City & State

LARGO, FLORIDA

Zip

33777

Country

USA

REINSTATEMENT

04-07
RD

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07-08-97

5. FEI Number

59-3476440

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

YONG J. LEE

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

7590 STARKEY ROAD

Suite, Apt. #, Etc.

City

SEMINOLE

State

FL

Zip Code

33777



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

X *Yong Jun Lee*

REGISTERED AGENT MUST SIGN

Date

1/26/07

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
PSTD	YONG J. LEE	7590 STARKEY ROAD	SEMINOLE, FL 33777

800087606648
02/07/07--01053--005 **600.00

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 contained in Chapter 119, 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:

X *Yong Jun Lee*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YONG JUN LEE

Date

1/26/07

Daytime Phone #

727) 399-2999

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January 22, 2007

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

RE: Champion Tae Kwon Do Academy, Inc.
FEIN: 59-3476440
DOCUMENT #: P97000077323
FORM: Corporation Renistatement

Dear Sir or Madam:

In reference to the above mentioned entity, please be aware that we never received any forms for annual filing or notification that the corporation would be dissolved.

Please accept our check in the amount of \$600.00 (2004 - 2007) and waive any applicable reinstatement fees since our office never received the filing/notification forms.

Thank you for your assistance in this matter.

Very Truly Yours,

Yong J. Lee
President