

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000079065

1. Corporation Name

CENTRAL FLORIDA TANG SOO DO, INC.

Principal Place of Business

889 TOWNE CENTER DR.
POINCIANA FL 34758
US

Mailing Address

643 Herald CT
502 MARICOPA DRIVE
POINCIANA FL 34758

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.

885 Towne Center Dr

City & State
Kiss. FL

Zip
34759

Country

Osceola

Suite, Apt. #, etc.

643 Herald CT

City & State
Kiss. FL

Zip

34758

Country

Osceola

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1997

5. FEI Number

59-3468686

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
P	JOHNSON, GLENN	502 MARICOPA DRIVE 643 Herald CT	POINCIANA FL 34758

6:00003453256--0
-11/09/00--01098--023
***750.00 ***750.00

8. Name and Address of Current Registered Agent

JOHNSON, GLENN A
502 MARICOPA DRIVE 643 Herald Ct.
POINCIANA FL 34758

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

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-20-00

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-00
Date

407-932-3899
Daytime Phone #