PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLIÇATION FÖR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

ATIONS

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DEINO IAI EMEN	See WE LO	DIVISION OF CORPORA
DOCUMENT #	\$43018	

1. Corporation Name

CHUNG MARTIAL ARTS COLLEGE, INC.

Principal Place of Business 3900 Dairy Road

Mailing Address c/o Miller, Miller & Assoc.

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		32904	Me1	bourn	ie, F	L	32935	5			07-KT	\downarrow
									2 mm (2)	e le	41-11	7
If above a	ddresses are	incorrect in any way, line thro	ugh incorrect in	formation ar	nd enter co	rrectio	n belown			TEN HE SPACE	1	1
2. New Principal Office Address, if Applicable 3. New Matil			A Sarno Road		ile	2 2 2	THE REPORT OF THE PARTY OF THE	ness in Florida	02/1991			
Suite, Apt.	#, etc.		Suite, Apt. #,	etc				5. FEI Number		02/1991	Applied For	+
City & State			City & State					59-3	133926	5	Not Applicable	1
			Me1bou	rne, F	<u>'L</u>			6.		500 T 20 T	illion) Reculific	7
Zip		Country	^{Zip} 3293	5	Country USA		·	CERTIFICATE	OF STATUS D	esired]
7. Names a	and Street Ad	dresses of Each Officer and/o	or Director (Fior	ida nonprofi	it corporation	ons mu	ıst list at lea	ıst 3 directors)	·]
Title(s)	2	Name of Officers and/or Directors		3 (Do	Offic	er and	ess of Each for Director Office Box N		4	City / State / Z	ip	
Pres		Wuk Chung		3900	Dai	гy	Road		West	Melbourne	FL 32904	
VP	Hyn S	ook Chung		3900	Dái	ry	Road		West	Melbourne	∍, FL _32904	
									J -[03275:)6/05/0001 ***1200.00	1020015	
	9 Norm	ne and Address of Current R	topictored Age					9 Name and A	Address of Ne	ew Registered Agent		1
			legistered Age			Name		3. Haine and 2		f A	·	⊣ ଞ
-Allen-LMiller						Aller	<u>1 Շ. Mi-</u> 1	- <u>ler</u> -	&		18	
398-A Harbor City Blvd.			Γ	Street Address (P.O. Box Number is Not Acceptable)						18		
Melbourne, FL 32935				t	2087-A_Sarno_Road						18	
					-	City					Code	1
							Melbo				32935	+
10. I, being	appointed th	e registered agent of the abov	ve named corpo	am t	amiliar with	and a	ccept the of	bligations of Secti	ion 607.0505,	F.S.		
Signature o Registered	of Agent ——([[[]]]	GISTEREZAĞ	ENT MUST	SIGN				Date	_05/19/200	00	
11. Do	es this ept. of R	corporation pay a evenue under S.	ny intang 199.032,	ible tax Florida	to the	tes.	Yes	☐ No 2		(See other side for on intangible		1

12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all tees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under cath under oath.

SIGNATURE:

HYUN SOOK CHUNG5/19/2000

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