

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V00820**

1. Corporation Name

LEE'S TRADITIONAL TAE KWON DO, INC.

Principal Place of Business

4801 S TAMiami TR
SARASOTA FL 34231

Mailing Address

4801 S TAMiami TR
SARASOTA FL 34231

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0305295

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PST	LEE, DAE HOON	4801 S TAMiami TR	SARASOTA FL 34231
V	DAE, HOON L	4801 S TAMiami TRAIL	SARASOTA FL 34231
S	DAE, HOON L	4801 S TAMiami TRAIL	SARASOTA FL 34
T	DAE, HOON L	4801 S TAMiami TRAIL	SARASOTA FL 34231

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04/24/03--01084--009 **908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEE, DAE HOON
4801 S TAMiami TR
SARASOTA FL 34231

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

04-17-2003

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-17-2003

Daytime Phone #

**941
923-7752**

CR2E040 (8/02)