

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 96-97  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 NOV 24 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V49925

1. Corporation Name

KOREAN TAE KWON DO FEDERATION INC  
W97-21621

Principal Place of Business

Mailing Address

2170 ELMCREST PL. OVIEDO Florida  
32765

REINSTATEMENT 96-97

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

July 9, 1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

598140964

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<u>Pres</u>	<u>Sung Lee</u>	<u>2170 ELMCREST PL</u>	<u>OVIEDO, FL 32765</u>
<u>V/PRES</u>	<u>Sung Lee</u>	<u>2170 ELMCREST PL</u>	<u>OVIEDO, FL. 32765</u>

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-11/25/97-01041-001  
\*\*\*\*915.00 \*\*\*\*915.00

JB  
11-24-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SUNG LEE  
2170 ELMCREST PL  
OVIEDO FL 32765

Name

Sung LEE

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

2170 ELMCREST PL

Suite, Apt. #, Etc.

City

OVIEDO

State

FL

Zip Code

32765

10. If 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

Sung Lee

REGISTERED AGENT MUST SIGN

Date

7/15/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes.

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:

Sung Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407/359-8386

Daytime Phone #