

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 14 PM 3:51

DOCUMENT # N96000001341

1. Corporation Name
 THE INFINITE WAY OF THE MARTIAL ARTS, INC.

Principal Place of Business: 5324 53RD WAY, WEST PALM BEACH FL 33409
 Mailing Address: 5324 53RD WAY, WEST PALM BEACH FL 33409



REINSTATEMENT 99

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/08/1996	
City & State		City & State		5. FEI Number	
Zip		Country		65-0676317	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	WILLIAMS, DAVID A	5324 53RD WAY	WEST PALM BEACH FL 33409
D	BURNEY, DENISE M	5324 53RD WAY	WEST PALM BEACH FL 33409
D	MCCRAY, ROBERT L	2631-E AVENUE R	RIVIERA BEACH FL 33404
D	GRAY-LEWIS, LECIA	4000 HEATH CIRCLE SO	WEST PALM BEACH FL 33407
ST	MOULTRIE, RANGELIQUE M	1420 WEST 27TH STREET	RIVIERA BEACH FL 33404

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WILLIAMS, DAVID A 5324 53RD WAY WEST PALM BEACH FL 33409		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		700003020157-1 -10/21/99--01010--003 ***245.00 State ***245.00 FL	

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: *David A. Williams* Date: 10/16/99
 REGISTERED AGENT MUST SIGN

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: *David A. Williams* 10/13/99 (56) 697-9065
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #