

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 OCT -8 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # p98000038173

1. Corporation Name

JIU-JITSU SELF DEFENSE SYSTEMS, INC

2. Principal Office Address - No P.O. Box #  
3165 NE 163RD STR

3. Mailing Office Address  
3165 NE 163RD TSR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
NORTH MIAMI BEACH, FL

City & State  
MORTH MIAMI BEACH, FL

Zip Country  
33160 USA

Zip Country  
33160 USA

REINSTATEMENT 07-08

CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
65-0833879

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
STUART H GLAUSER

Street Address (P.O. Box Number is Not Acceptable)  
14446 WEST DIXIE HWY

Suite, Apt. #, Etc.

City  
MIAMI

State Zip Code  
FL 33161

The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/30/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	JAMES ROBERTSON	3940 NE 168 ST	N. MIAMI BEACH, FL 33161
D	PEDRO VALENTE	9601 COLLINS AVE #506	BAL HARBOUR, FL 33154

9/10/08

900136781739  
10/09/08--01046--006 \*\*300.00

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/30/08

Daytime Phone #