

2005 FOR PROFIT CORPORATION REINSTATEMENT



FILED

05 FEB 11 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02082005 REIN-P CR2E098 (6/04) *mrs*

DOCUMENT # K62754

1. Entity Name
TEAM MARTIAL ARTS CENTERS, INC.

Principal Place of Business
18319A W. DIXIE HWY.
NORTH MIAMI BEACH, FL 33160 US

Mailing Address
18319A W. DIXIE HWY.
NORTH MIAMI BEACH, FL 33160 US

2. Principal Place of Business
2056 NE 189 Terrace
Suite, Apt. #, etc.

3. Mailing Address
2056 N.E. 189 Terrace
Suite, Apt. #, etc.

City & State
Aventura, FL
Zip *33180* Country *US*

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Aventura, FL
Zip *33180* Country *US*

4. FEI Number
65-0174405

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOUSETHIPHONEXAY, AMY L
13154 SPRING LAKE DRIVE
COOPER CITY, FL 33330

7. Name and Address of New Registered Agent

Name *Jarett Perelmutter*
Street Address (P.O. Box Number is Not Acceptable)
2056 N.E. 189 Terrace
City *Aventura, FL* Zip *33180*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/05

FILE NOW!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME PVST
STREET ADDRESS TOUSITHIPHONEXAY, AMY L.
CITY-ST-ZIP 13154 SPRING LAKE DRIVE
COOPER CITY, FL 33330 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME *Amy Losek* ☒ Change ☐ Addition
STREET ADDRESS *2056 NE 189 Terrace*
CITY-ST-ZIP *Aventura, FL 33180*

TITLE
NAME *Jarett Perelmutter* ☐ Change ☒ Addition
STREET ADDRESS *2056 NE 189 Terrace*
CITY-ST-ZIP *Aventura, FL 33180*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jarett Perelmutter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

2/8/05

(305) 446-113

REINSTATEMENT

04-05-

300047044973
02/22/05--01035--009 **150.00

2052

January 25, 2005

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Document#: K62754
Fed. Id. #: 65-0174405

Att: Annual Report

**Entity: Team Martial Arts
Centers, Inc.**

To Whom It May Concern:

05-14-04 90014 001 \$150.00

I am writing you this letter in regards to the 2004 Corporate Annual Report. I spoke to one of your customer service representatives today, and informed them that the check was already cashed. But in the systems it shows that the corporation is inactive, in which this information is incorrect. I originally printed the information on-line (see form attached) because I never received the original report to fill out, since it was sent to the wrong address. I also enclosed check #8338, dated 05/11/04 in the amount of \$150.00 (the penalty was waived b/c never rec'd the form) for Document # K62754, Fed Id #65-0174405 for Team Martial Arts Centers, Inc. The check was cashed by you on 05/14/04 (please see attached bank information). I am requesting that you please reinstate the corporation immediately, since this was an error on your behalf.

If you have any questions, please do not hesitate to contact me @ (305)466-1131 or via fax@ (305)466-1193.

Thanking you in advance,

Jarett Perelmutter