2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L01000005383

Entity Name: CENTRAL FLORIDA TAE KWON DO CENTER, LLC.

Current Principal Place of Business:

12445 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

New Principal Place of Business:

12720-14 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

Current Mailing Address:

12445 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

New Mailing Address:

12720-14 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837

FEI Number: 59-3709289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WEST, CHAD A
12445 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

WEST, CHAD A
12720-14 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32837 US

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.

SIGNATURE: CHAD WEST 03/24/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WEST, CHAD A
Address: 12445 S. ORANGE BLSSOM TRAIL
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WEST, CHAD A
Address: 12720-14 S. ORANGE BLSSOM TRAIL
City-St-Zip: ORLANDO, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHAD WEST OWNE 03/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date