

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



**L01000005383**  
**FILED**

1. DOCUMENT # L01000005383

Name and Mailing Address

03 MAR -5 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0010911 01 FP 0.352 \*\*PRST H2 0 0615 32837-650845

CENTRAL FLORIDA TAE KWON DO CENTER, LLC.  
12445 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32837-6508



2. New Mailing Address  City, State, Zip		4. State/Country of Formation  FL	
Principal Place of Business 12445 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32837		5. Date Organized or Qualified To Do Business in Florida 04/04/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent  WEST, CHAD A 12445 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32837		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> Date 2-7-03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	WEST, CHAD A	12445 S. ORANGE BLOSSOM TRAIL	ORLANDO FL
			000013546790 03/05/03--01043--010 **50.00
			10/31/02 01010 001 600008715116 50.00
			REINSTATEMENT 2002-2003 600008715116
			12/03/02 01064 012 100.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager /s/ CHAD A. WEST

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)