

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000017561

1. Entity Name  
KARATE 2000, LLC



Principal Place of Business  
1228 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH, FL 33411

Mailing Address  
1228 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH, FL 33411

2. Principal Place of Business - No P.O. Box #  
1204 Royal Palm Beach Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
1204 Royal Palm Beach Blvd  
Suite, Apt. #, etc.

City & State

Royal Palm Beach, FL

Zip

33411

Country

City & State

Royal Palm Beach, FL

Zip

33411

Country

05182007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
22-3835842

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, WILLIAM III  
1228 ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/07

DATE

FILE NOW!!! FEE IS \$100.00

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME WRIGHT, WILLIAM III  
STREET ADDRESS 1228 ROYAL PALM BEACH BLVD  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

WILLIAM WRIGHT III 4/27/07

561-383-5028

Daytime Phone #

FILED

2007 JUL -6 P 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07

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