

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 JUL -6 P 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # L01000017561</b> 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 Bch Blvd Suite, Apt. #, etc.		3. Mailing Address 1204 Royal Palm Bch Blvd Suite, Apt. #/etc.	
City & State Royal Palm Beach, FL Zip 33411		City & State Royal Palm Bch, FL Zip 33411	
4. FEI Number 22-3835842		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <span style="float: right;">FL</span> 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 <small>Signature, typed or printed name of registered agent, and title if applicable.</small>		WILLIAM WRIGHT III <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 4/27/07			
<b>FILE NOW!!! FEE IS \$100.00</b>		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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WRIGHT, WILLIAM III 1228 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700104119437 06/08/07--01033--007 **100.00
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<b>REINSTATEMENT 06-07</b>			
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		WILLIAM WRIGHT III <small>Date</small>	
		4/27/07 <small>Daytime Phone #</small>	
		561-383-5028	