2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 28, 2007
Secretary of State

DOCUMENT# L06000104284

Entity Name: TRADITIONAL TAE KWON-DO LLC

Current Principal Place of Business:

809 AMBASSADOR LOOP
TAMPA, FL 33613

New Principal Place of Business:

10019 N. DALE MABRY HWY. STE#100
TAMPA, FL 33618

Current Mailing Address:

809 AMBASSADOR LOOP
TAMPA, FL 33613

New Mailing Address:

10019 N. DALE MABRY HWY. STE#100
TAMPA, FL 33618

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: SPIEGEL & UTRERA, P.A.
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BERGER, DOUGLAS
Address: 809 AMBASSADOR LOOP
City-St-Zip: TAMPA, FL 33613

Title: MGR (X) Delete
Name: OMEROVIC, NENAD
Address: 809 AMBASSADOR LOOP
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: OMEROVIC, NENAD
Address: 10019 N. DALE MABRY HWY. STE#100
City-St-Zip: TAMPA, FL 33613

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: NENAD OMEROVIC MGR 09/28/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date