

MO1000002316

PLEASE PRINT OR TYPE INFORMATION BEFORE FILING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # MO1000002316

1. Limited Liability Company's Name

Delray Beach Jiu Jitsu Center LLC

2. Principal Office Address

235 NE 4th Ave #101

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

City & State

Zip

Country

4. State/Country of Formation

MD, USA

5. Date Organized or Qualified
To Do Business in Florida

10/12/01

6. FEI Number

05-1125252

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Adam Koplars

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

235 NE 4th Ave

Suite, Apt. #, Etc.

101

City

DELRAY BEACH

State

FL

Zip Code

33483

500019870105

05/27/03--01026--004

**200.00

9. 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5.22.03

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

Manager MARK FORD

235 NE 4th Ave #101
DELRAY BEACH, FL
33483

REINSTATEMENT

02-03
des

11. 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

[Signature]

Date

5.23.03

Daytime Phone #

5012480630

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)