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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

W050000 12497

FILED
05 APR -5 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M36425

1. Corporation Name
ATA Taekwondo Club, Inc.

2. Principal Office Address 7682 N. Federal Hwy Suite, Apt. #, etc. Suite #3 City & State Boca Raton, Florida Zip 33487 Country USA		3. Mailing Office Address 7682 N. Federal Hwy Suite, Apt. #, etc. Suite #3 City & State Boca Raton, Florida Zip 33487 Country USA	
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REINSTATEMENT 9605

4. Date Incorporated or Qualified To Do Business in Florida 08/07/1986

5. FEI Number 592746684
Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

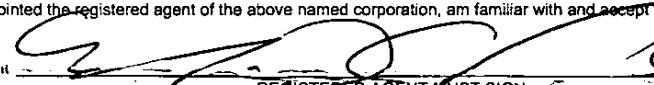
Name Miguel C. Nelson

Street Address (P.O. Box Number is Not Acceptable) 7682 North Federal Hwy Suite #3

Suite, Apt. #, Etc. Suite #3

City Boca Raton, FL State FL Zip Code 33487

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

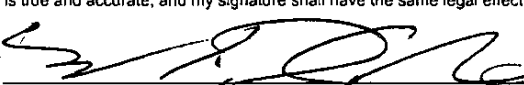
Signature of Registered Agent  Date 2/1/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Miguel C. Nelson	525 Heron Dr.	Delray Beach, FL 33440
V	Brenda Ashe-Ingram	3324 Chateaulaine Blvd	Delray Beach, FL 33445

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:  Miguel C. Nelson 2/1/05 994-8748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)

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ATA Taekwondo Club, Inc.
7682 North Federal Highway, Suite #3
Boca Raton, Florida 33487

February 11, 2005

Division of Corporations:

I have recently spoken with a representative from your department. She was very helpful. I was instructed to create a letter to request the waive of the \$600 Reinstatement fee due to my circumstances. Please assist our company by understanding our distresses.

Up to a couple of years ago, a person in a remote location governed our company. I assumed all of the Corporate Annual reports were filed through my accountant and through this another person. Our building caught on fire and we were forced to move. Therefore the change of addresses, I did not receive any notice of dissolution. Please pardon my ignorance on this incident.

After this reinstatement process, I will personally take responsibility of filing annually.

Thanks in advance for your understanding.

Sincerely,


Miguel C. Nelson