

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000003027

1. Corporation Name

MARTIAL ARTS FOUNDATION-NATIONAL CHAPTER, INC.

Principal Place of Business

Mailing Address

514 SOUTHEAST 7TH STREET
FORT LAUDERDALE FL 33301

514 SOUTHEAST 7TH STREET
FORT LAUDERDALE FL 33301

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/2000

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FULLER, MICHAEL	409 GARDENS DR. APT. #201	POMPANO BEACH FL 33069
D	LANE, PETER	700 SOUTH DIXIE HWY	POMPANO BEACH FL 33080
D	MABSON, LARRY	514 SOUTHEAST 7TH ST.	FORT LAUDERDALE FL 33301
D	Fuller, Michael	409 Gardens Dr. Apt. #201	Pompano Beach, FL 33069
D	Lane, Peter	700 South Dixie Hwy	Pompano Beach, FL 33060
			800005108088--7 -03/14/02--01052--009 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ADAMS, VENOL C
5546 WEST OAKLAND PARK BLVD.
SUITE #220
LAUDERHILL FL 33313

Name

Brenda D. McCaslin

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

5950 W. Oakland Park Blvd #205

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33313

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Brenda D. McCaslin

REGISTERED AGENT MUST SIGN

Date

2/26/02

11. 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:

LARRY L. MABSON

2/26/02

954-581-0999

Date

Daytime Phone #