2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000005885

FILED Jun 30, 2005 Secretary of State

Entity Name: KIDS KARATE & CULTURAL DEVELOPMENT CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: JIM WARD COMMUNITY CENTER 301 NW 46TH AVE PLANTATION, FL 33317 **Current Mailing Address: New Mailing Address:** JIM WARD COMMUNITY CENTER 2563 NW 49TH AVENUE 301 NW 46TH AVE #105 PLANTATION, FL 33317 LAUDERDALE LAKES, FL 33313 FEI Number: 03-0386876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WYNN, ROBBIN E WYNN, ROBBIN E PD 2563 NW 49TH AVENUE 2563 NW 49TH AVENUE APT. #105 APT. #105 LAUDERDALE LAKES, FL 33313 US LAUDERDALE LAKES, FL 33313 US 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: ROBBIN E. WYNN 06/30/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WYNN, ROBBIN E Name: Name: 2563 NW 49TH AVENUE, #105 Address: Address: City-St-Zip: LAUDERDALE LAKES, FL 33313 City-St-Zip: Title: V/D () Delete Title: () Change () Addition Name: LESTER, KEITH Name: Address: 751 NW 75TH STREET Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: () Delete Title: () Change () Addition COMRIE, CECIL Name: Name: 7441 TAM OSHANTER BLVD. Address: Address: City-St-Zip: NORTH LAUDERDALE, FL 33068 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LYONS, PATRICIA Name: 2565 NW 49TH AVENUE Address: Address: City-St-Zip: LAUDERDALE LKS, FL 33313 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBBIN E. WYNN PD 06/30/2005