


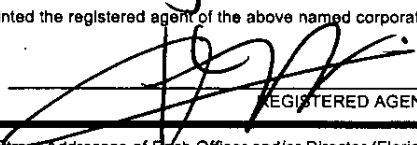

**FILED**

09 OCT 26 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10/26/09--01022--010 \*\*297.50

CR2E081 (12/08)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 OCT 26 PM 1:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> N 02 000003303					
<b>1. Corporation Name</b> the 4th STREET BOXING AND COMMUNITY Center, INC.					
<b>2. Principal Office Address - No P.O. Box #</b> 2710 4th St. N		<b>3. Mailing Office Address</b> 2710 4th St. N			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> St. Petersburg, FL		<b>City &amp; State</b> St. Petersburg, FL			
<b>Zip</b> 33702	<b>Country</b> USA	<b>Zip</b> 33702	<b>Country</b> USA		
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 4/29/02					
<b>5. FEI Number</b> 010732436				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>					
<b>Name</b> CHRISTIAN MYER					
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2710 4th St. North					
<b>Suite, Apt. #, Etc.</b>					
<b>City</b> St. Petersburg		<b>State</b> FL	<b>Zip Code</b> 33702		
<b>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.</b>					
<b>Signature of Registered Agent</b> 				<b>Date</b> 10/20/09	
REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>		<b>City / State / Zip</b>	
D,P	RICK CARABORGAN	1044 45th AVE		St. Pete / FL / 33703	
D,VP	CHRISTIAN MYER	10851 MARGARET AVE UNIT 1115		St. Pete / FL / 33716	
D,S	DAVID SANTOS	4031 20th AVE North		St. Pete / FL / 33713	
<b>REINSTATEMENT</b>					
<b>RH</b>					
<b>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 contained in Chapter 119, 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.</b>					
<b>SIGNATURE</b> 				<b>Date</b> 10/20/09 <b>Daytime Phone #</b> 727-571-1919	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					