

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 22 AM 8:00

DOCUMENT # N02000005411

1. Corporation Name

INTERNATIONAL PHILIPPINE MARTIAL ARTS MASTERS AND
D GRANDMASTER'S UNION AND HALL OF FAME, INC.

Principal Place of Business

Mailing Address

5949 CAROLINE DRIVE
WESLEY CHAPEL FL 33544

5949 CAROLINE DRIVE
WESLEY CHAPEL FL 33544

8/28/03 90068 040 *61.25

REINSTATEMENT 03
HARDB

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

30-0125672

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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	LAZO, FEDERICO T	5949 CAROLINE DRIVE	WESLEY CHAPEL FL 33544
D	LAZO, FREDERICK B JR	5949 CAROLINE DRIVE	WESLEY CHAPEL FL 33544
D	PRESAS, ERNESTO A SR	124 ROLPH ST	SAN FRANCISCO CA 94112
D	DEL CASTILLO, STEPHEN	29813 STATE ROAD 54	WESLEY CHAPEL FL 33544

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAZO, FEDERICO T
5949 CAROLINE DRIVE
WESLEY CHAPEL FL 33544

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Federico T. Lazo
REGISTERED AGENT MUST SIGN

Date 10-20-03

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:

Federico T. Lazo
FEDERICO T. LAZO

10-20-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir:

I was surprised to receive a notice of administrative dissolution or revocation of our organization. I have sent the fee of \$61.25 on time as required by your good office but I did not know that you would require the FEI number which I provided you by sending it through the mail. A copy of your letter and the form I submitted, which your good office claimed you did not receive, that prompted the notice of dissolution or revocation, is also attached. However, I completed the form you gave me to reinstate our organization which I enclosed with this letter accomplished with the FEI number you requested

Thank you, and I hope I complied with your requirements and may your good office put back or organization into good standing

Very respectfully your,

Federico T. Lazo

Federico T. Lazo

Corporate representative