2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000007426

FILED Oct 10, 2005 Secretary of State

DOCOM	ICIN I # INUZ			Secretary of State
Entity Nan	ne: KYUDO S	OCIETY OF FLORIDA, INC.		
Current Principal Place of Business:		New Principal Place	of Business:	
1233 NW 3 GAINESVIL	80 AVE LLE, FL 32609			
Current Mailing Address:		New Mailing Addres	ss:	
1233 NW 3 GAINESVIL	80 AVE LLE, FL 32609			
FEI Number:	01-0745977	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
MORIN. DO	DUGLAS P			
1233 NW 3		US		
1233 NW 3 GAINESVIL	0 AVE LLE, FL 32609 named entity s		ourpose of changing its registere	ed office or registered agent, or both,
1233 NW 3 GAINESVIL The above in the State	0 AVE LLE, FL 32609 named entity s	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
1233 NW 3 GAINESVIL The above in the State	00 AVE LLE, FL 32609 named entity s of Florida. RE: DOUGLA	submits this statement for the p		ed office or registered agent, or both, Date
1233 NW 3 GAINESVIL The above in the State SIGNATUR	00 AVE LLE, FL 32609 named entity s of Florida. RE: DOUGLA	submits this statement for the p S P. MORIN ic Signature of Registered Age	ent	
1233 NW 3 GAINESVIL The above in the State SIGNATUR	named entity so of Florida. RE: DOUGLA: Electron AND DIRECT	submits this statement for the positions of P. MORIN ic Signature of Registered Age FORS: Delete AS P E	ent	Date
1233 NW 3 GAINESVIL The above in the State SIGNATUR OFFICERS Title: Name: Address:	named entity see of Florida. RE: DOUGLA: Electron S AND DIRECT PD () MORIN, DOUGL 1233 NW 30 AV GAINESVILLE, I	submits this statement for the positions of the position of th	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:

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: DOUGLAS P. MORIN PD 10/10/2005