PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

N46099

1. Corporation Name

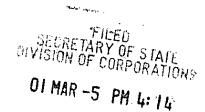
CHRISTIAN MARTIAL ARTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1599 BANKS ROAD

1599 BANKS ROAD



MARGATE F	L 33063		MARGATE FL US	33063					018) 0(8) 8 8 0 3 130
						(S)	CIMICT	ATEMENT	-175/h
If above addresses are incorrect in any way, line through incorrect information and enter correction below.								4. 15 12 13 14 15 15 15 15 15	<u>UU U</u>
New Principal Office Address, If Applicable 3. New Mail				ng Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 11/18/1991		
Suite, Apt. #, etc. Suite, Apt. #			Suite, Apt. #,	etc.			5. FEI Number	<u>.</u>	·····
City & State - City			-City 9 State	lity & State				NOT-APPLICABLE	Applied For
City a State			Oity & State				6.		Not Applicable
Zip	p Country		Zip		Country	Country		S8.75 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)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			1	00003819 4 -03/09/01/ ²⁰ 0	1/00800 5
D	BATTEN, BOB			1574 N.W. 65TH TERRACE				*****61.25 MARGATE FL	*****51.25
D	FIELDS, TRACY			957 N.W. 82ND AVE.			, , , , , , , , , , , , , , , , , , ,	CORAL SPRINGS FL	
PD	WILES, JERRY L.				1480 NW 69 AVE			MARGATE FL	
D	WILES, TAMI			1480 NW 69 AVE				MARGATE FL	e e e e e e e e e e e e e e e e e e e
D	ESCOBAR, JUSTO			11069 GLENWOOD DR.			_	CORAL SPRINGS FL	
					1	00003819 -03/09/010 ****236.25	1008006 1008006 1008006		
Name and Address of Current Registered Agent						Name and Address of New Registered Agen			
						Name			
BRETON, PETER L. Stree						Street Address (P.O. Box Number is Not Acceptable)			
625 NORTH FLAGLER DRIVE						- cacci viacions II			
NINTH FLOOR, BARNETT CENTRE						Suite, Apt. #, Etc.			
W PALM BEACH FL 33401						City State 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.									
Signature of Registered Agent Date 10-3/-00									

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 filling 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.

11/1/00 (954)968-5659