

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR -5 PM 4:14

DOCUMENT # **N46099**

1. Corporation Name

CHRISTIAN MARTIAL ARTS ASSOCIATION, INC.

Principal Place of Business

1599 BANKS ROAD
MARGATE FL 33063
US

Mailing Address

1599 BANKS ROAD
MARGATE FL 33063
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

70-01

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/1991

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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	100003819681--1 -03/09/01-01008--005 ****61.25 ****61.25 MARGATE FL
D	BATTEN, BOB	1574 N.W. 65TH TERRACE	
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
D	ESCOBAR, JUSTO	11069 GLENWOOD DR.	CORAL SPRINGS FL
			100003819681--1 -03/09/01-01008--006 ****296.25 ****296.25

8. Name and Address of Current Registered Agent

BRETON, PETER L.
625 NORTH FLAGLER DRIVE
NINTH FLOOR, BARNETT CENTRE
W PALM BEACH FL 33401

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Peter L. Breton
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-31-00

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 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.

11/1/00 (954) 968-5659

SIGNATURE:

Jerry L. Wiles
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-1-00 954-968-5659

CR2040 (8/00)