

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000003022

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** NISEI GOJU RYU KARATE & JUJITSU SOUTHERN REGION YOUTH P.A.C. PROGRAM, INC.

**Current Principal Place of Business:**

4888 NW 183RD STREET  
106  
MIAMI, FL 33055 US

**New Principal Place of Business:**

18061 NW 27 AVENUE  
MIAMI GARDENS, FL 33056 US

**Current Mailing Address:**

4888 NW 183RD STREET  
106  
MIAMI, FL 33055

**New Mailing Address:**

18061 NW 27 AVENUE  
MIAMI GARDENS, FL 33056 US

**FEI Number:** 65-0540348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

THOMPSON, HERBERT  
4888 NW 183RD STREET  
106  
MIAMI, FL 33056 US

**Name and Address of New Registered Agent:**

THOMPSON, HERBERT  
18061 NW 27 AVENUE  
MIAMI GARDENS, FL 33056 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HERBERT THOMPSON

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: THOMPSON, HERBERT  
Address: 17115 NW 17 AVE  
City-St-Zip: MIAMI, FL 33056

Title: O  
Name: SISCO, JAMES  
Address: 9601 NORWOOD DRIVE, #D  
City-St-Zip: TAMPA, FL 33624

Title: V  
Name: WINN, ULYSSES  
Address: 1031 W 2ND STREET  
City-St-Zip: RIVERIA BEACH, FL 33404

Title: O  
Name: LINER, SAMUEL  
Address: 1211 SESAME ST  
City-St-Zip: OPA LOCKA, FL 33054

Title: O  
Name: NEWBOLD, RUBEN  
Address: 19422 NW 79TH AVE.  
City-St-Zip: MIAMI, FL 33015

Title: O  
Name: FLETCHER, DEXTER  
Address: 6700 NW 186TH ST  
City-St-Zip: MIAMI, FL 33054

I hereby 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 all other like empowered.

SIGNATURE: HERBERT THOMPSON

PD

05/01/2012

Electronic Signature of Signing Officer or Director

Date