

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000005872**

1. Corporation Name

**Black Lotus Academy of the
Martial Arts, Inc. D/B/A
B.L.A.M. Ju-Jitsu Center**

2. Principal Office Address

11371 SW 211 St.

Suite, Apt. #, etc.

#26-27

City & State

Miami, FL

Zip

33189

Country

U.S.A.

3. Mailing Office Address

11371 SW 211 St.

Suite, Apt. #, etc.

#26-27

City & State

Miami, FL

Zip

33189

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/4/99

5. FEI Number

65-0958913

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VERNON M. JONES JR.

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

11371 SW 211 St. #

Suite, Apt. #, Etc.

#26-27

City

Miami

700033124397

04/20/04--01042--008 **315.00

700033124397

05/06/04--01067--030 **166.25

State

FL

Zip Code

33189

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

4/14/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	VERNON M. JONES JR.	11371 SW 211 St. #27	Miami, FL 33189
V	VERNONA JONES-WARDLEY	17720 SW 112 St	Miami, FL 33157
V	LIVAN CONCEPCION	90 N. Homestead Blvd	Homestead, FL 33030
S	DANIEL JIMENEZ	12430 SW 192 St	Miami, FL 33177
T	MARIANA CARDONA	12506 SW 147 St	Miami, FL 33186

10. 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:

[Signature] - VERNON M. JONES JR.

Date

4/14/04

Daytime Phone #

305/378-0077

305/282-9213

CR2E081 (01/04)