FROM :

FAX NO. :

May. 01 2005 07:47AM P2

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000006943

1. Entity Name
PAUL DANOS KICK BOXING CENTER, INC.

FILED
05 MAY -5 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4606 N.E. 6TH AVENUE OAKLAND PARK, FL 33311	4606 N.E. 6TH AVENUE OAKLAND PARK, FL 33311

2. Principal Place of Business		3. Mailing Address	
5186 NE 6TH AVE OAKLAND PARK FL		Suite, Apt. #, etc. 5186 NE 6TH AVE OAKLAND PARK FL	
Zip 33334	Country BROWARD	Zip 33334	Country BROWARD

REINSTATEMENT 04-05

4. FEI Number 65-1001478 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANOS, PAUL
4606 N.E. 6TH AVENUE
OAKLAND PARK, FL 33311

7. Name and Address of New Registered Agent

Name

5186 NE 6TH AVE
OAKLAND PARK FL 33334

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X *[signature]*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANOS, PAUL 4606 N.E. 6TH AVENUE OAKLAND PARK, FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5186 NE 6TH AVE OAKLAND PARK FL 33334	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul Danos 427 University Dr	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Plantation FL 33324	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900054505409 05/13/05--01046--001 **300.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5/12	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *[signature]* Paul Danos 4/30/2005 954-471-925[illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #