

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000055574

1. Corporation Name

SHAOLIN MARTIAL ARTS, INC.

Principal Place of Business

511 HIGHLAND DR  
CASSELBERRY FL 32707

Mailing Address

511 HIGHLAND DR  
CASSELBERRY FL 32707

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

2. New Principal Office Address, If Applicable

1155 West S.R. 434 Suite 123  
Suite, Apt. #, etc.  
LONGWOOD FLORIDA  
City & State

3. New Mailing Office Address, If Applicable

521 NEW ENGLAND COURT  
Suite, Apt. #, etc.  
Apt. B101  
City & State  
Altamonte Springs

4. Date Incorporated or Qualified  
To Do Business in Florida

05/30/2001

5. FEI Number

59-3737489

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name 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	City / State / Zip 4
D	FLEMING, TRACY M	511 HIGHLAND DR	CASSELBERRY FL 32707

8. Name and Address of Current Registered Agent

FLEMING, TRACY M  
511 HIGHLAND DR  
CASSELBERRY FL 32707

9. Name and Address of New Registered Agent

Name

TRACY M. Fleming

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

521 New England Court Apt B101  
Suite, Apt. #, Etc.

City

Altamonte

State

FL

Zip Code

32714

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-23-02

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.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-02 0027

(407)332-

CR2E040 (8/02)

October 23, 2002

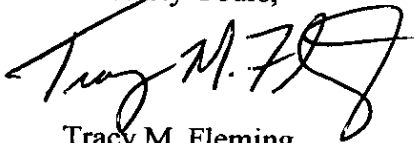
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee Florida, 32314-6327

To whom It may concern:

I have just received the notice of Administrative Dissolution or Revocation. Listing the corporation called **Shaolin Martial Arts Inc.** FEI # **59-3737489** for not filing. We have not been doing business at the address listed at 511 Highland Drive for over a year.

I did not receive the UBR notices. I am sending to you my Application for Reinstatement Form including my new addresses and my Reinstatement Fee. I am sorry about the inconvenience and I will properly file next year.

Sincerely Yours,

A handwritten signature in black ink, appearing to read "Tracy M. Fleming", with a stylized flourish at the end.

Tracy M. Fleming  
Officer and Director of **Shaolin Martial Arts Inc.**