

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000059384 1. Entity Name ZANCHIN KARATE-DO, CORP.						FILED 05 AUG -8 11 8 30 SECRET TALLAHASSEE, FL					
Principal Place of Business 2800 WEST 84TH STREET BAY #9 HIALEAH, FL 33018				Mailing Address 2800 WEST 84TH STREET BAY #9 HIALEAH, FL 33018							
2. Principal Place of Business 2800 W. 84ST				3. Mailing Address 							
Suite, Apt. #, etc. BAY 9				Suite, Apt. #, etc. 							
City & State Hialeah FL				City & State 							
Zip 33018		Country USA		Zip 		Country 					
6. Name and Address of Current Registered Agent SANCHEZ, GRIMALDY 3285 NW 97TH ST. BAY #9 MIAMI, FL 33147				7. Name and Address of New Registered Agent Name (SAME) Grimaldy Sanchez Street Address (P.O. Box Number is Not Acceptable) 3285 N.W. 97ST City MIAMI 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				(NOTE: Registered Agent signature required when reinstating) 800058530588 08/12/05--01043--015 8308.75 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 PD	NAME SANCHEZ, GRIMALDY			<input type="checkbox"/> Delete		TITLE PD	NAME Sanchez, Grimaldy		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 3285 NW 97TH STREET	CITY-ST-ZIP MIAMI, FL 33147					STREET ADDRESS 3285 N.W. 97ST	CITY-ST-ZIP MIAMI FL		(SAME)		
TITLE 		NAME 			<input type="checkbox"/> Delete		TITLE 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 		CITY-ST-ZIP 					STREET ADDRESS 				
CITY-ST-ZIP 							CITY-ST-ZIP 				
TITLE 		NAME 			<input type="checkbox"/> Delete		TITLE 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 		CITY-ST-ZIP 					STREET ADDRESS 				
CITY-ST-ZIP 							CITY-ST-ZIP 				
TITLE 		NAME 			<input type="checkbox"/> Delete		TITLE 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 		CITY-ST-ZIP 					STREET ADDRESS 				
CITY-ST-ZIP 							CITY-ST-ZIP 				
REINSTATEMENT											
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: <i>Grimaldy Sanchez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						8/05/05 <small>Date</small>					
<small>Daytime Phone #</small>											