

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION
FOR
REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000065502

1. Corporation Name

TALLAHASSEE TAEKWONDO, INC.

Principal Place of Business

400 CAPITAL CIR. SE. UNIT #10
TALLAHASSEE FL 32301

Mailing Address

400 CAPITAL CIR. SE. UNIT #10
TALLAHASSEE FL 32301

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
3260-3 Mahan Dr

City & State
TALLAHASSEE FL

Zip 32308

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
3260-3 Mahan Dr

City & State
TALLAHASSEE FL

Zip 32308

Country

400023881934
10/17/03-01031-001 **150.00

03

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/2001

5. FEI Number

59-3729020

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Names 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
P	BRADLEY, FANTLE	400 CAPITAL CIRCLE SE UNIT 10	TALLAHASSEE FL 32301
		3260-3 Mahan Dr	TALLAHASSEE 32308

8. Name and Address of Current Registered Agent

FANTLE, BRADLEY
400 CAPITAL CIR. SE, UNIT #10 3260-3 Mahan Dr
TALLAHASSEE FL 32301
TALLAHASSEE, FL 32308

9. Name and Address of New Registered Agent

Name SAME	Street Address (P.O. Box Number is Not Acceptable) 3260-3 Mahan Dr	CR2040 (7/03)
Suite, Apt. #, Etc.		
City TALLAHASSEE	State FL	Zip Code 32308

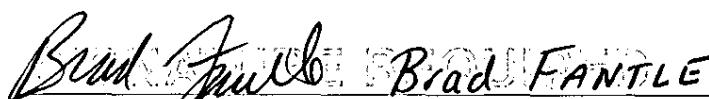
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent


REGISTERED AGENT MUST SIGN

Date 10/11/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/03 878-3900

Date

Daytime Phone #