

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 15 PM 4:37

DOCUMENT # P01000072638

1. Corporation Name

Landress' ATA Black Belt Academy, Inc.

REINSTATEMENT 02-03

2. Principal Office Address

8074 W McNab Road

Suite, Apt. #, etc.

City & State

North Lauderdale, FL

Zip

33068

Country

USA

3. Mailing Office Address

7869 Tam O'Shanter Blvd

Suite, Apt. #, etc.

City & State

North Lauderdale, FL

Zip

33068

Country

USA

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

7/24/2001

5. FEI Number

65-1125126

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

Jennifer Landress

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

7869 Tam O'Shanter Blvd

Suite, Apt. #, Etc.

City

North Lauderdale

State

FL

Zip Code

33068

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

Jennifer Landress

REGISTERED AGENT MUST SIGN

Date

4/10/03

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
D	Jennifer White-Landress	7869 Tam O'Shanter Blvd	North Lauderdale, FL 33068

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

954-954-2081

Daytime Phone #