

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000105618

1. Corporation Name

NPSEI ACADEMY OF MARTIAL ARTS, INC.

2. Principal Office Address

7015 NW 98 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

7015 NW 98 TERR

Suite, Apt. #, etc.

City & State

TAMARAC, FL

Zip

33321 USA

City & State

TAMARAC, FL

Zip

33321 USA

3000007110333-4

-08/14/02-01055-002

****150.00 ****150.00

4. Date Incorporated or Qualified
To Do Business in Florida

11-1-2001

5. FEI Number

65-1150534

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

William Collazo Jr.

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

7015 NW 98 TERR

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33321

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

William Collazo

REGISTERED AGENT MUST SIGN

Date

8-6-02

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	William Collazo Jr.	7015 NW 98 TERR	TAMARAC, FL 33321

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:

William Collazo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-02

(941)720-5959

Date

Daytime Phone #

2002

W.W. DAYTAN, INC.

ACCOUNTING ° BOOKKEEPING ° TAXES
608 SW 76TH TERR.
N. LAUDERDALE, FL. 33068
TEL (954) 722-5594 FAX (954) 718-5054

Date: August 9, 2002

To: Department of State
Reinstatement Section
P.O. Box 6327
Tallahassee, FL. 32314-6327

Re: NISEI ACADEMY OF MARTIAL ARTS, INC.
DOC# P01000105618

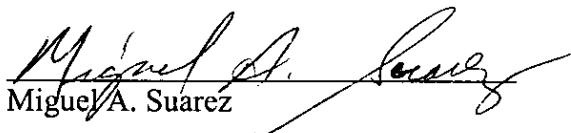
Enclosed is a completely filled out and signed Corporation Reinstatement form along with their check #1004 in the amount of \$150.

Please note that this corporation became effective on 11-01-01 and the Director/Agent of record moved since its inception. The UBR was never received and Mr. Collazo Jr. was not aware that he should have been expecting it.

The business is just now getting started and in reviewing the corporate paper we found that he had not mailed in the \$150.

Any questions, you can contact the corporation or us directly.

Sincerely,


Miguel A. Suarez