

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 21 AM 10:44

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000055089

1. Corporation Name:

WESTSIDE FULLSTAR KARATE
CENTER, INC.

REINSTATEMENT 04

2. Principal Office Address:

12856 BISCAYNE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address:

SAME

Suite, Apt. #, etc.

City & State

N. MIAMI, FL

City & State

33181 US

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/02

5. FEI Number

48-1261731

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

30.25 Annual Fee to be paid
for 1st year of Status

7. Name and Address of Current Registered Agent

Name

ROBERT Y. LEE

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

12856 BISCAYNE BLVD.

Suite, Apt. #, Etc.

City

N. MIAMI, FL 33181

State

FL

Zip Code

33181

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

Robert Lee

Date

10-20-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 2 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
<u>D</u>	<u>ROBERT Y. LEE</u>	<u>12856 BISCAYNE BLVD</u>	<u>N. MIAMI, FL 33181</u>

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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607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been withdrawn, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and that the information furnished on this form is true and accurate, and my signature shall have the same legal effect as provided under oath.

SIGNATURE

Robert Lee

10-20-04

PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED OUR ANNUAL REPORT FORM FOR 2004 FROM YOUR OFFICE TO PAY THE UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



ROBERT Y. LEE
DIRECTOR