

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 MAY 10 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000092807

**1. Corporation Name**  
MARTIAL ARTS AMERICA, INC.

**2. Principal Office Address**  
4050 AVALON BLVD

Suite, Apt. #, etc.

City & State

MILTON, FL

Zip

32583

Country

USA

**3. Mailing Office Address**  
4050 AVALON BLVD

Suite, Apt. #, etc.

City & State

MILTON, FL

Zip

32583

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida** AUGUST 27, 2002

**5. FEI Number**  
56-2300119

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  
STEVEN BUTTS

Street Address (P.O. Box Number is Not Acceptable)  
4050 AVALON BLVD

Suite, Apt. #, Etc.

City  
MILTON

State  
FL

Zip Code  
32583

500054858135  
05/19/05--01050--007 **\*\*1050.00**

**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

SL Butts

Date

REGISTERED AGENT MUST SIGN

**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	STEVEN C. BUTTS	<del>5260 ROWE TRAIL</del>	<del>PAGE, FL 32571</del>
		3165 Strathawer Rd.	Milton, FL 32583

**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:**

SL Butts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-05

Date

500-983-0870

Daytime Phone #

CR2001 (01/05)