

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN -4 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION</b> <del>REINSTATEMENT</del> 2004 UNIFORM BUSINESS REPORT DOCUMENT # P02000093882 1. Corporation Name NORTH AMERICAN KARATE DO INC		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
2. Principal Office Address 60E 3ST Suite, Apt. #, etc. # 1109 City & State HIALEAH Zip 33010		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country USA	

600037434366  
06/01/04--01006--001 \*\*150.00

REINSTATEMENT 03-09

4. Date Incorporated or Qualified To Do Business in Florida 8/28/02	
5. FEI Number 20-1158009	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name CIRA L. PEREZ			
Street Address (P.O. Box Number is Not Acceptable) 60 E. 3ST. #1109			
Suite, Apt. #, Etc.			
City Hialeah		State FL	Zip Code 33010

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 \_\_\_\_\_ 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
P	CIRA PEREZ	60 E. 3ST. # 1109	HIALEAH FL 33010

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: Cira Perez Date: 5/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E081 (10/02)

MONDAY, MAY 24, 2004

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
409 EAST GAINES ST  
TALLAHASSEE, FL 32399

REF: NORTH AMERICAN KARATE-DO, INC.  
# P02000093882

THE PURPOSE OF THIS LETTER IS TO LET YOU KNOW THAT I, NORTH AMERICAN KARATE-DO, INC., HAVENT BEEN ABLE, TO MAIL YOU THE UBR TO FACT, THAT UP TO THE ABOVE DATE, I HAVE NOT RECEIVE YOUR FORM TO EXECUTE IT.

I DO APOLOGY, FOR NOT WRITING YOU ERLIER, BUT I WAS WAITING FOR THE MAIL.

RESPECTFULLY YOURS

*Cira Perez*

NORTH AMERICAN KARATE-DO, INC.  
CIRA PEREZ