

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000110890

1. Corporation Name

CAULLETT'S ACADEMY OF MARTIAL ARTS INC

Principal Place of Business

11320 FORTUNE CIRCLE BAY
G-9
WELLINGTON FL 33414

Mailing Address

11320 FORTUNE CIRCLE BAY
G-9
WELLINGTON FL 33414

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	CAULLETT, ROBERT	11320 FORTUNE CIRCLE BAY, G-9	WELLINGTON FL 33414
DS	CAULLETT, YUN SIL	5908 ELM HURST ROAD	WEST PALM BEACH FL 33417

200024329442
10/31/03--01026--010 **150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

CAULLETT, ROBERT

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

5929 ELMHURST RD

Suite, Apt. #, Etc.

WPB

City

WPB

State

FL

Zip Code

33417

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/17/03

11. 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

Date

11/17/03 561 2486566

Daytime Phone #

CR2E040 (7/03)

October 13, 2003

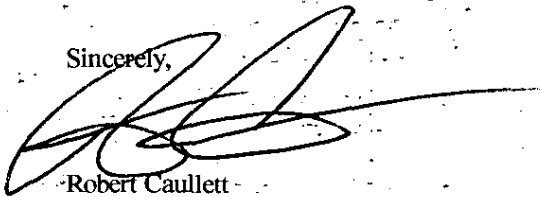
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Caullett's Academy of Martial Arts, Inc.
11320 Fortune Circle Bay G-9
Wellington, FL 33414
P02000110890

This letter is to confirm the fact that we did not receive the two prior UBR notices. We are requesting that the late fee be waved and that the active status of the corporation be reinstated. We have enclosed the application and the appropriate filing fee.

Thank you for your help in this matter and if we can be of further help feel free to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert Caullett', with a long horizontal flourish extending to the right.

Robert Caullett
President