

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 21 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03-04

500042064005
10/21/04--01032--003 ***308.75

DOCUMENT # P02000135546

1. Corporation Name

Alpha-International Martial Arts, Inc.

5800 N. Federal Highway
Same

2. Principal Office Address

5800 N. Federal Highway

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite # 5

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33487-4008

Country

Palm Beach

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 12/31/2002

5. FEI Number

74-3108293

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bernd Hartmann

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

5851 Holmberg Rd

Suite, Apt. #, Etc.

Apt #3921

City

Parkland

State

FL

Zip Code

33067

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

Bernd Hartmann
REGISTERED AGENT MUST SIGN

Date 10-15-04

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
PSTD	Bernd Hartmann	5851 Holmberg Road, Apt #3921	Parkland, FL 33067

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:

Bernd Hartmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-04 561-577-4037

Date

Daytime Phone #

CR2E081 (01/04)

Bernd Hartmann
2641 Holmberg Road #3921
Parkland, FL 33067

October 15, 2004

Florida Department of Revenue
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: Alpha-International Martial Arts, Inc.

To Whom It May Concern,

I did not receive my company renewal notice for the year of 2003.

As per my phone conversation with a Dept. of Revenue Agent, I am enclosing my payment of \$308.75 to renew my corporation. As per the Agent this payment will cover the 2003 and 2004 annual fee and a Certificate of Status.

Also, Please note the address change on the Reinstatement Documents.

Sincerely,


Bernd Hartmann