2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000071654 1. Enlity Name BEAT'EM ALL, INC.						S	FI 05 NOV -	LE 7 A	D 5:00
Principal Place of Business 6402 SHOAL CREEK ST CIRCLE BRADENTON, FL 34202		Mailing Address 6402 SHOAL CREEK ST CIRCLE BRADENTON, FL 34202				TĂ	ECI _{NE I MAN} LLAHASSE	E, FL	I ATE ORIDA
	Tace of Business	3. Mailing Address 7723 31st Street E							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09292005	REIN-P	CR2E098	(6/04)	
City & State Sarasota		City & State Sarasota			4. FEI Numbe	er XXXXX 90-0	098994		plied For t Applicable
Zip 34243	Country USA	Zip 34243	Country USA		5. Certificate	of Status Desired		.75 Add	
	6. Name and Address of Current F	Name	7. Name and Address of New Registered Agent Name						
SCARPINO, FRANK 6402 SHOAL CREEK'ST CIRCLE BRADENTON, FL 34202				Street Andress (P.O. Box Number is Not Acceptable)					
				Sarasota FL Zip Code 34243					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typodassizenced name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
10. TITLE	OFFICERS AND D	DIRECTORS Delete	11.]	ADDITIONS/	CHANGES TO OFF		RECTORS Change	S IN 11
HAME STREET ADDRESS				1	723 31st Street E				
CITY-ST-ZIP	BRADENTON, FL 34202 D	☐ Delete	CITY-ST-ZIP TITLE	Sara	sota, F	L 34243	-	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SCARPINO, FRANK 6402 SHOAL CREEK ST CIRCLE		NAME STREET ADDRESS CHY-ST-ZIP	1 _	31st S				
TITLE	BRADENTON, FL 34202	☐ Delete	TITLE	Sala	sota, F	L 34243		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			name Street address City-St-Zip		91 10/0:	0 0060 3/050106	1 894 4019	09 **150	0.00
TITLE NAME		Delete	TITLE	D	ZINIQ1	METAN		Change	Addition
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NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		7. (Roberts NO	_	Change 05	Addition
CITY-ST-ZIP TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this apport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment within a sidness, with all other liketempowered. SIGNATURE: SIGNATURE: Date Da									
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