

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000049150 1. Entity Name PRO TAE KWON DO, INC.						FILED 05 OCT 14 PM 7:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4000 SW 37TH BLVD, APT 1037 GAINESVILLE, FL 32608 US				Mailing Address 4000 SW 37TH BLVD, APT 1037 GAINESVILLE, FL 32608 US			
2. Principal Place of Business 4145 NW 53rd AVE.				3. Mailing Address 4145 NW 53rd AVE			
Suite, Apt. #, etc. SUITE A				Suite, Apt. #, etc. SUITE A			
City & State GAINESVILLE, FLORIDA				City & State GAINESVILLE, FLORIDA			
Zip 32653		Country ALACHUA		Zip 32653		Country ALACHUA	
4. FEI Number 54-2128885				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MAGBANUA, ERIK J 4000 SW 37TH BLVD., APT 1037 GAINESVILLE, FL 32608				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Erik Magbanua</i></u> ERIK MAGBANUA - PRESIDENT 9/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAGBANUA, ERIK J 4000 SW 37TH BOULEVARD, APT 1037 GAINESVILLE, FL 32608			TITLE NAME STREET ADDRESS CITY - ST - ZIP	600060631056 10/14/05--01064--009 **150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Erik Magbanua</i></u> ERIK MAGBANUA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9/30/05 (352)375-0700 <small>Date Daytime Phone #</small>			