2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000131490

Entity Name: KAIZEN LEADERSHIP KARATE SCHOOL INC

FILED Nov 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

261 SE PT. ST. LUCIE BLVD PORT SAINT LUCIE, FL 34984

Current Mailing Address: New Mailing Address:

261 SE PT. ST. LUCIE BLVD PORT SAINT LUCIE, FL 34984

FEI Number: 20-1646941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NGUYEN, TRI C
1873 SW AGNES ST
NGUYEN, TRI C
5924 NW KETONA CIRCLE

PORT SAINT LUCIE, FL 34953 US PORT SAINT LUCIE, FL 34986 US

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.

SIGNATURE: TRI C. NGUYEN 11/08/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 NGUYEN, TRI C
 Name:
 NGUYEN, TRI C

 Address:
 1873 SW AGNES ST
 Address:
 5924 NW KETONA CIRCLE

City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: PART () Delete Title: VP (X) Change () Addition

 Name:
 BOGOLAWASKI, TOMMIE
 Name:
 BOGOLAWASKI, TOMMIE

 Address:
 1873 SW AGNES ST
 Address:
 5924 KETONA CIRCLE

 City-St-Zip:
 PORT SAINT LUCIE, FL 34953
 City-St-Zip:
 PORT SAINT LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRI C NGUYEN PRES 11/08/2007