

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000097580..

1. Entity Name

ALLIANCE JIU-JITSU, INC.



FILED

08 OCT 22 PM 2: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08

2nd MOORE CR2E034 (4/08)

Principal Place of Business
2418 NORTH MONROE STREET
SUITE 150
TALLAHASSEE FL 32303

Mailing Address
2418 NORTH MONROE STREET
SUITE 150
TALLAHASSEE FL 32303

2. Principal Place of Business - No P.O. Box #
2418 N. MONROE ST
Suite, Apt. #, etc.
SUITE # 150
City & State
TALLAHASSEE FL
Zip
32303
Country
U.S.A.

3. Mailing Address
2418 N. MONROE ST
Suite, Apt. #, etc.
SUITE # 150
City & State
TALLAHASSEE FL
Zip
32303
Country
U.S.A.

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RAMBANA, NEIL ST. JOHN ESQ.
521 EAST TENNESSEE STREET
TALLHASSEE FL 32308

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
(NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CRUSE, JEFFREY	
STREET ADDRESS	4876 EASY ST	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HUBBARD, MICHAEL	
STREET ADDRESS	1601 EAGLES LANDING BOULEVARD STE 34	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500137168115	
STREET ADDRESS	10/22/08--01033--005	
CITY-ST-ZIP	**750.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature] 10/20/08 (850) 422-7730
DATE: 10/20/08 DAYTIME PHONE: (850) 422-7730