

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 15 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030046

1. Corporation Name

UNITED STATES SHIM SHIN-DO MARTIAL
ARTS FEDERATION INC.

Principal Place of Business

Mailing Address

3442 Tampa Rd.

Suite A

Palm Harbor, FL 34684

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

2455 McMullen Booth Rd

Suite, Apt. #, etc.

Suite K

City & State

Clearwater, Florida

Zip

33579

Country

U.S.A.

3. New Mailing Office Address, if Applicable

1918 Saginaw Courts

Suite, Apt. #, etc.

City & State

Oldsmar, FL

Zip

34677

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

4-22-93

5. FEI Number

59-3232950

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Barriga,, Sergio	910 McMullen Booth Rd.	Clearwater, FL
V	Barriga, Barbara	3442 Tampa Rd., Ste. A	Palm Harbor, FL

8. Name and Address of Current Registered Agent

Barriga, Sergio
910 McMullen Booth Rd.
Clearwater, FL 34619

9. Name and Address of New Registered Agent

Name

MR. SERGIO G. BARRIGA

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

1918 Saginaw Court

Suite, Apt. #, Etc.

City

Oldsmar, FL

State

FL

Zip Code

34677

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1-14-99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

PAID

(See other side for information
on intangible tax.)

12. 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-99 727-7968809

CR2000 (1/98)