

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF REVENUE
 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

000002748150--6
 -01/20/99--01054--022
 ***465.00 ***97-99

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
 To Do Business in Florida

2455 McMullen Booth Rd
 Suite, Apt. #, etc.

1918 Saginaw Courts
 Suite, Apt. #, etc.

4-22-93

5. FEI Number

Applied For

Clearwater, Florida

Oldsmar, FL

59-3232950

Not Applicable

Zip: 33579

Country: U.S.A.

Zip: 34677

Country: U.S.A.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 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

9. Name and Address of New Registered Agent

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

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

[Signature]

Date 1-14-99

REGISTERED AGENT MUST SIGN

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

[Signature]

Date 1-14-99 Daytime Phone # 727-7968809

CR2E040 (1/98)