

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000002198**

1. Corporation Name

UNIFIED MARTIAL ARTS ASSOC, INC.

2. Principal Office Address

1375 SHOTGOW RD

Suite, Apt. #, etc.

3. Mailing Office Address

1375 SHOTGOW RD

Suite, Apt. #, etc.

City & State

SUNRISE

City & State

SUNRISE

Zip

33326

Country

US

Zip

33326

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

7/12/96

5. FEI Number

65-0683744

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GUSTAVO ALVAREZ

600022216328

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

1728 SW 2ND STREET

08/11/03--01064--001 *00.00**

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33312

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section

607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature of Gustavo Alvarez]

REGISTERED AGENT MUST SIGN

Date

8/7/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GUSTAVO ALVAREZ	1728 SW 2ND ST	FORT LAUDERDALE 33312
SEC/T	CARMEN ALVAREZ	1728 SW 2ND ST	FORT LAUDERDALE 33312

10. 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)(i), 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 of Gustavo Alvarez]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/7/03

Daytime Phone #

(954) 2196006

CR2E081 (10/02)

UNIFIED MARTIAL ARTS ASSOC. INC.
1375 SHOTGUN ROAD
SUNRISE, FL 33326
(954) 217-6006

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir / Madam,

Enclosed please find our corporate reinstatement along with a check for \$300.00.
We are hereby requesting that the reinstatement fees be waived as our business relocated
and we did not receive the UBR or any of your other offices.

Thank you,


Gustavo Alvarez