

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAY 27 PM 1:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P960800 SS920					
1. Corporation Name FLORIDA LEAGUE OF MARTIAL ARTS, INC					
Principal Place of Business 1888 77th AVE N. ST. PETE FL 33702		Mailing Address 1888 77th AVE N ST. PETE FL 33702			
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip		Country		Zip	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
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		
PO	Bill Fertile	1888 77th AVE N. ST. PETE	ST. PETERSBURG FL 33707		
LPD	Richard ALFOX	16234 Gulf Breeze Dr	Clearwater FL 34615		
Secy	Christine Endeckott	1888 77th AVE N.	ST. PETERSBURG FL 33702		
TID	James Rehner	5627 62nd Way N	ST. PETERSBURG FL 33709		
B 2 PAGES 5/28 AM 97-98					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Mishel B. Schutz 535 Central Ave St. Petersburg FL 33704			Name Street Address (P.O. Box Number is Not Acceptable) 400002546084--7 Suite, Apt. #, Etc. -06/03/98--01063--006 ****315.00 ****315.00 City State FL Zip Code		
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 <i>Mishel B. Schutz</i>			Date 5/21/98		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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)(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: <i>William Fertile</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 5/21/98 Daytime Phone #		