

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000051328

1. Corporation Name

MODERN MARTIAL ARTS & SUPPLIES

2. Principal Office Address

2405 OAKBEND DR

Suite, Apt. #, etc.

#1027

City & State

PALM HARBOR, FL

Zip

34683

Country

USA

3. Mailing Office Address

P.O. B. 16204

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33766

Country

USA

REINSTATEMENT 99-04

4. Date Incorporated or Qualified
To Do Business in Florida

6/5/1998

5. FEI Number

59-3514533

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

CRAIG RAHN

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

2405 OAKBEND DR.

Suite, Apt. #, Etc.

#1027

City

PALM HARBOR

State

FL

Zip Code

34683

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

REGISTERED AGENT MUST SIGN

Date

5/1/04

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	CRAIG RAHN	2405 OAKBEND DR.	PALM HARBOR, FL 34683
			800035736258 05/07/04--01022--033 **900.00
			800035736258 05/07/04--01022--034 **8.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04

Date

727-781-2926

Daytime Phone #

CR2E081 (01/04)

CMR

Craig M. Rahn

*P.O. Box 16204 ~ Clearwater, FL 33766
Personal 727-698-8178*

5/1/04

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ATTENTION: TIME SENSITIVE DOCUMENT

To whom it may concern:

Enclosed is the form to reinstate the corporation Modern Martial Arts and Supplies, Inc. with document number P98000051328.

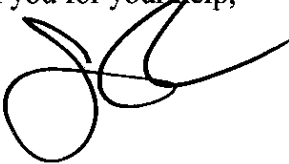
This letter is to inform the state that no notification was received by this corporation to inform it that the yearly filing was not received, reinstatement was needed, or dissolution had transpired. As a result I have been informed that no additional reinstatement fees/late fees will be assessed. So a check for \$900 is enclosed along with the corporate reinstatement form to reinstate the above listed corporation.

Also, a check for \$8.75 is enclosed for a Certificate of Status to be sent to the corporate mailing address of:

c/o Craig Rahn
P.O. Box 16204
Clearwater, FL 33766

If at all possible please process this paperwork ASAP since there is a pending lease lawsuit against this corporation. Your assistance with this matter is much appreciated.

Thank you for your help,



Craig M. Rahn