

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

7/10/99

DOCUMENT # P98000095294

99 OCT 25 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

USA MARTIAL ARTS, INC.

Principal Place of Business

1781 SOUTHWEST 3RD AVENUE
MIAMI FL 33129

Mailing Address

1781 SOUTHWEST 3RD AVENUE
MIAMI FL 33129

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1998

5. FEI Number

65-0876040

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	PUGA, FELIX	1781 SOUTHWEST 18 ROAD	MIAMI FL 33129
S	VILLANUEVA, JUSTA P	1781 SOUTHWEST 18 ROAD	MIAMI FL 33129

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Felix PUGA

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

150 NW 99 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

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]

REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/99

11. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 854-4519

Daytime Phone #

**USA MARTIAL ARTS, INC.
1781 S.W. 3rd Avenue
Miami, Florida 33129**

Rg 2012

**Secretary of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314**

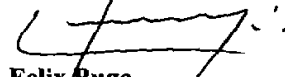
Re: USA Martial Arts, Inc.

To whom it may concern:

As per my telephone conversation and instructions from the reinstatement office, enclosed please find the executed Notice of Administrative Dissolution or Revocation, the letter from your office confirming receipt of my check in the sum of \$158.75 and a copy of my annual report which your office apparently never received back.

If you need any further assistance, please do not hesitate to contact me at (305) 461-5567.

Very truly yours,


**Felix Puga
President**