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
99 OCT 25 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000095294**

1. Corporation Name

USA MARTIAL ARTS, INC.

Principal Place of Business	Mailing Address
1781 SOUTHWEST 3RD AVENUE MIAMI FL 33129	1781 SOUTHWEST 3RD AVENUE MIAMI FL 33129

05/17/99 90055 032

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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 Certified Copy

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

CR2E040 (8/99)

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: REQUIRED — Date: 10/21/99
REGISTERED AGENT MUST SIGN

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: REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (305) 854-4519 Daytime Phone #

0043369 AF

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

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