


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 JUL -6 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000026942

1. Corporation Name
Rod's International Martial Arts Inc.

2. Principal Office Address 12306 SW 131 Avenue Suite, Apt. #, etc. City & State Miami, FL 33186 Zip 33186 Country USA		3. Mailing Office Address 12306 SW 131 Avenue Suite, Apt. #, etc. City & State Miami, FL 33186 Zip 33186 Country USA	
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REINSTATEMENT 00-05

4. Date Incorporated or Qualified To Do Business in Florida 3/24/99	
5. FEI Number 65-0910689	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Lucila Velez		
Street Address (P.O. Box Number is Not Acceptable) 5229 SW 140 PL		
Suite, Apt. #, Etc.		
City Miami	State FL	Zip Code 33175

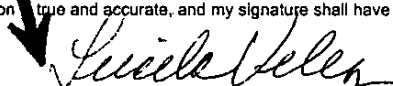
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

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
PD	Lucila Velez	5229 SW 140 PL	Miami, FL 33175

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)(l), 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:  Lucila Velez Pres. 6/24/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)