



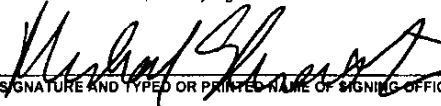
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 NOV -4 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/04/08--01018--009 **150.00
CR2E081 (10/08)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000098871			
1. Corporation Name American Bushido Goju, Inc.			
2. Principal Office Address - No P.O. Box # 5031 SW 160TH AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 800 Brickell Avenue Suite, Apt. #, etc. Suite 902	
City & State Southwest Ranches, FL		City & State Miami, Florida	
Zip 33331	Country	Zip 33131	Country Miami-Dade
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida 11/9/1999	
Name Michael Ehrenstein, Esquire		5. FEI Number 261660390	
Street Address (P.O. Box Number is Not Acceptable) 800 Brickell Avenue		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, Etc. Suite 902		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City Miami		State FL	
		Zip Code 33131	
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 10/31/08 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
P	Joseph Kelljchian	5031 SW 160TH AVENUE	Southwest Ranches, FL 33331
D	Michael Ehrenstein, Esquire	800 Brickell Avenue, Suite 902	Miami, Florida 33131
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 contained in Chapter 119, 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: 		10/31/08 305-722-2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

REINSTATEMENT
2008