


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 JUL 14 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003934

1. Corporation Name  
**MIAMI-MANAGUA LIONS CLUB, INC.**

2. Principal Office Address  
**14793 SW 81 ST**

3. Mailing Office Address  
**P.O. BOX 831388**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33193**

Country  
**USA**

Zip  
**33283-1388**

Country  
**USA**

**REINSTATEMENT 01-02-03**

4. Date Incorporated or Qualified To Do Business in Florida  
**08-30-1993**

5. FEI Number  
**65-0432716**

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  
**EDGAR E. ROA**

Street Address (P.O. Box Number is Not Acceptable)  
**14793 SW 81 STREET**

**10002151545**

Suite, Apt. #, Etc.

**07/14/03 01027 009 \*\*57.50**

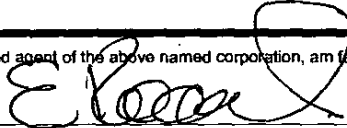
City  
**MIAMI**

State  
**FL**

Zip Code  
**33193**

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 **7-10-2003**

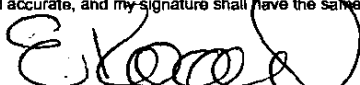
REGISTERED AGENT MUST SIGN

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
DP	EDGAR E. ROA	14793 SW 81 STREET	MIAMI, FL 33193
DS	MARGARITA ZUNIGA	1650 NE 135 ST. #602	N. MIAMI, FL 33181
DT	FADYLLA ABDALLAH	9923 W. OKEECHOBEE RD. #313-D	HIALEAH, FL 33016
DV	SOL BARQUERO	1734 SW 102 CT.	MIAMI, FL 33165
DV	ELDYS PAZ	19720 GULFSTREAM RD	MIAMI, FL 33157
DV	ANA MANUELA AVILES	8625 NW 8 STREET #112	MIAMI, FL 33126

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:



Date **7-10-2003** 305-382-8502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E01 (10/02)

*Handwritten initials*