

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

98 DEC 21 PM 6:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000072080**

1. Corporation Name  
**TAMIAMI MARKETPLACE, INC.**

Principal Place of Business 6812 N.W. 77 COURT MIAMI FL 33166	Mailing Address 6812 N.W. 77 COURT MIAMI FL 33166
---	---



**REINSTATEMENT**

98  
aw

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida <b>09/18/1995</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>65-0635019</b> <b>APPLIED FOR</b>
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	LIMA, FELIX	6812 N.W. 77 COURT	MIAMI FL 33166
DV	SUAREZ, AMANCIO	6812 N.W. 77 COURT	MIAMI FL 33166
DS	LEYVA, GIRALDO	6812 N.W. 77 COURT	MIAMI FL 33166

888882723848--6  
 -12/28/98--01128--019  
 \*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent <b>MIR, HECTOR J.</b> <b>2655 LE JEUNE ROAD</b> <b>SUITE 1107</b> <b>CORAL GABLES FL 33134</b>	9. Name and Address of New Registered Agent Name <b>GIRALDO LEYVA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6950 N.W. 77TH CT.</b> Suite, Apt. #, Etc. City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33166</b>
--	---

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** Date **NOVEMBER 13, 1998**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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)(f), 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 REQUIRED** Date **11/13/98**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2000 (9/98)