

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000004318

1. Corporation Name

MIAMI INTERNATIONAL SOCCER CLUB, CORP.

FILED
01 NOV -5 PM 11: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~2555 COLLINS AVENUE
#PH 107
MIAMI BEACH FL 33140~~

614

~~2555 COLLINS AVENUE
#PH 107
MIAMI BEACH FL 33140~~



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

4. Date Incorporated or Qualified To Do Business in Florida

01/15/1997

Suite, Apt. #, etc.

2555 COLLINS AVE # 614

Suite, Apt. #, etc.

2555 COLLINS AVE # 614

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33140

Country

Dade

Zip

33140

Country

Dade

5. FEI Number

59-3502367

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
D	DOINO, PAOLO	2555 COLLINS AVENUE, PH# 614	MIAMI BEACH FL 33140
PST	DOINO, PAOLO	2555 COLLINS AVENUE, PH# 614	MIAMI BEACH FL 33140
			500004698525--0 -11/29/01--01057--015 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

TORNERO, CARLOS M
28 W. FLAGLER
SUITE 600
MIAMI FL 33130

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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 _____

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:

Signature
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-2-01

CR2E040 (8/01)

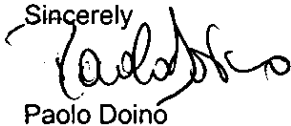
Miami International Soccer Club, Corp.
2555 Collins Avenue, suite 614
Miami Beach, Florida 33140
November 02, 20001

Division of Corporations
Annual Report/Reinstatement section
P.O. Box 6327
Tallahassee, Fl. 3314

Dear Sir or Maddem

The purpose of this letter is to explain the reason why we never received the corporate annual report. If you notice on the letter head we moved, so we never received the first annual report. Please adjust your records so it reflects our new address.

Sincerely

A handwritten signature in black ink, appearing to read "Paolo Doio", written over the word "Sincerely".

Paolo Doio