

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

**APPROVED  
AND  
FILED**

1997 JUL -9 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 739702**

1. Corporation Name

Miami Futbol Club Inc.

Principal Place of Business

Mailing Address

c/o Shenkman  
12515 N. Kendall Drive #314  
Miami, Florida 33186

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

7/20/77

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-1769681

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
POD	Alfredo Suarez	8270 S.W. 117th Terrace	Miami, Florida 33156
VPD	Celso Peruera	7420 S.W. 131st Avenue	Miami, Florida 33183
VPD	Daniel Prenat	9900 S.W. 77th Drive	Miami, Florida 33173
VPD	Agustin Ramos	10505 S.W. 146th Avenue	Miami, Florida 33186
T D	Philip Sherkman CPA	12515 N. Kendall Dr #314	Miami, Florida 33186

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

Thomas Krause  
9700 S. Dixie Highway #550  
Miami, Florida 33156

9. Name and Address of New Registered Agent

Name  
**Philip Sherkman C.P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**12515 N. Kendall Drive**  
Suite, Apt. #, Etc.  
**Suite 314**  
City  
**Miami**  
State  
**FL**  
Zip  
**33186**

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

*Philip Sherkman*

REGISTERED AGENT MUST SIGN

Date 7/7/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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:

*Philip Sherkman*

Philip Sherkman

7/7/97

305-271-8585 #1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (1/2/96)