

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

AND FILED

98 DEC 11 PM 4: 25

DOCUMENT # **740787**

1. Corporation Name
DEPORTIVO DE FOMENTO, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

600002713446--3
 -12/15/98--01089--001
 *****236.25 *****236.25



REINSTATEMENT 98

Principal Place of Business Mailing Address
 P.O. BOX 112195 P.O. BOX 112195
~~P.O. BOX 110787~~ ~~P.O. BOX 110787~~
 HIALEAH FL ~~33101-2103~~ **33011-2195** HIALEAH FL ~~33101-2103~~ **33011-2195**
 US US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/16/1977	
City & State		City & State		5. FEI Number	
Zip		Country		65-0151779	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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
PD P	RODRIGUEZ, ESTRELLA PEDRO PINTO	731 ORIOLE AVE 365 W 52 ST	MIAMI SPRINGS FL HIALEAH FL 33012
S S	HIDALGO-GATO, MARY M RYAN CABRERA	11431 SW 7 TERR APT 302 1420 W 40 ST	MIAMI FL HIALEAH FL 33012
DA	GARCIA, FELIX	13440 SW 28 ST	MIAMI BCH FL
DT	NODAL, PEDRO M.	1810 W 56 ST APT 3408	HIALEAH FL
D	DELVALLE, AVILIO	1850 W 56 ST APT 2112	HIALEAH FL
VT	GONZALEZ, REINERIO	295 E 36 ST	HIALEAH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VILLALBA, NICHOLA
 3501 NW 46ST
 MIAMI FL 33142

Name **PEDRO M NODAL**
 Street Address (P.O. Box Number is Not Acceptable)
1810 W 56 ST #3408
 Suite, Apt. #, Etc.

City **HIALEAH** State **FL** Zip Code **33012**

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 **Pedro M Nodal** **REQUIRED**
 REGISTERED AGENT MUST SIGN

Date **11/28/98**

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)(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: **Pedro M Nodal**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO M. NODAL PRES

Date **11/28/98** Daytime Phone #

CR2E040 (9/95)