

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

97 JAN -8 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J99113

1. Corporation Name

TIBURON PROMOTIONS, INC.

Principal Place of Business

Mailing Address

~~2600 DOUGLAS ROAD, SUITE 911~~
~~CORAL GABLES FL 33134~~

~~2600 DOUGLAS ROAD, SUITE 911~~
~~CORAL GABLES FL 33134~~

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

2000 NW 86 Avenue

2000 NW 86 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines, FL.

Pembroke Pines, FL

Zip

Country

Zip

Country

33024

US

33024

US

REINSTATEMENT 90

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1987

5. FEI Number

65-0011067

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
D	AUGUST, GUS	2600 DOUGLAS RD, 911	CORAL GABLES FL
D	KUPFERMAN, JOEL	2600 DOUGLAS RD, 911	CORAL GABLES FL
P	AUGUST, BRUCE	2600 DOUGLAS RD, 911	CORAL GABLES FL
VP	BONANNI, LAURA	2600 DOUGLAS RD, 911	CORAL GABLES FL
T	KUPFERMAN, ESTHER	2600 DOUGLAS RD, 911	CORAL GABLES FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLUMENFELD, JACK R.
2600 DOUGLAS ROAD
SUITE 911
CORAL GABLES FL 33134

Name
MARK A. LIBBYAN CPA
Street Address (P.O. Box Number is Not Acceptable)
1428 Brickell Avenue
Suite, Apt. #, Etc.
Suite 500
City
Miami
State
FL
Zip Code
33131

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

Jack R. Blumenfeld CMA
REGISTERED AGENT MUST SIGN

Date 12-19-96

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: *Laura Bonanni*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/17/96 954-432-5779