

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000001520

1. Corporation Name

MIAMI INTERNATIONAL SOCCER ACADEMY, CORP.

Principal Place of Business

Mailing Address

2630 S.W. 80TH AVENUE
MIAMI FL 33155

2630 S.W. 80TH AVENUE
MIAMI FL 33155

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0988576

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

02 JAN 29 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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03/08/2000

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 3	City / State / Zip 4
DP	TOSCANO, JUAN	2630 S.W. 80TH AVENUE	MIAMI FL 33155
DT	TOSCANO, MADELINE	2630 S.W. 80TH AVENUE	MIAMI FL 33155
DV	SOLARTE, SAMIR	14931 SW 82ND LANE #103	MIAMI FL 33193

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOSCANO, JUAN

2630 S.W. 80TH AVENUE

MIAMI FL 33155

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

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FL

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

Juan Toscano
REGISTERED AGENT MUST SIGN

Date

11/5/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MADELINE TOSCANO 12/4/01 (305) 262-

Date

Daytime Phone # 8582

CR2ED40 (8/01)

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Miami International Soccer Academy

2630 S.W. 80 Avenue

Miami, Florida 33155

(305) 262-8582

email: Jtoscano@Bellsouth.net

December 5, 2001

Department of State

Division of Corporations

P. O. Box 6327

Tallahassee, Florida 32314

RE: Document # N00000001520

- I am writing this letter in response to the Dissolution/ Revocation letter that I received effective 9/21/01. I called the Department of State (Division of Non-Profit Organization Dept.) and
- explained that we never received any prior letters or requests of any kind prior to this notice. I have completed the requested information and am including a check in the amount of \$ 61.25 for the renewal and Corporate Supplemental Fee.

If you have any questions, please feel free to call me at (305) 262-8582.

Sincerely,



Madeline Toscano

Director / Treasurer

cc: J. Toscano, S. Solarte

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