

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 25 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N0000000 3250

1. Corporation Name

MIAMI-DADE EXTREME
YOUTH FOOTBALL LEAGUE, INC

2. Principal Office Address

14629 S.W. 104 ST

Suite, Apt. #, etc.

234

3. Mailing Office Address

14629 S.W. 104 ST

Suite, Apt. #, etc.

234

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

Country

USA

Zip

33186

Country

USA

REINSTATEMENT

02-04

4. Date Incorporated or Qualified
To Do Business in Florida

5/10/00

5. FEI Number

65-1015807

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jose A. REGALADO

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

14629 S.W. 104 ST # 234

Suite, Apt. #, Etc.

234

City

MIAMI

State

FL

Zip Code

33186

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jose A. Regalado
REGISTERED AGENT MUST SIGN

Date 10/21/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOSE A. REGALADO	12030 S.W. 120 TERR	MIAMI, FL 33183
V	MAURO BERMUDEZ	9401 S.W. 25 ST	MIAMI, FL 33176
T	TERRY SAURO	14629 S.W. 104 ST # 234	MIAMI, FL 33186

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10/25/04 01000 027 ***358.75

10. 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:

Jose A. Regalado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE A. REGALADO

Date

10/21/04

Daytime Phone #

305-301-3787