

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 22 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000006129

1. Corporation Name

MIAMI SUNBLAST FC SOCCER CLUB, INC.

Principal Place of Business

Mailing Address

250 CRANWOOD DR
KEY BISCAINE FL 33149

250 CRANWOOD DR
KEY BISCAINE FL 33149

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

09/15/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1047933

Applied For

Not Applicable

City & State

City & State

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 3	City / State / Zip 4
PD	ALPER, MUTLU	250 CRANWOOD DR	KEY BISCAINE FL 33149
VD	PANAMA, ALEX R	6039 LA GORCE DRIVE	MIAMI BEACH FL 33140
TD	MANGAS, RICHARD	11151 S.W. 161 PLACE	MIAMI FL 33196

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-06/06/02--01007--014
*****297.50 *****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALPER, MUTLU
250 CRANWOOD DR
KEY BISCAINE FL 33149

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Mutlu Alper
REGISTERED AGENT MUST SIGN

Date

May 20, 2002

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:

Mutlu Alper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 20, 2002 (305) 361-0498
Daytime Phone #

CR2E040 (801)