

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 2006 8:00 A.M.
Secretary of State

DOCUMENT # 1101000000525

1. Corporation Name

Miami Rangers traveling team Inc

000067882770
03/15/06--01009--009 **183.75

2. Principal Office Address

9021 SW 10th

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33174

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/24/2001

5. FEI Number

651069225

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

Spiegel & Utrera PA

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

343 Almeria Ave

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

Rafael Diaz

Date

2/27/06

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------|
| PD | Rafael Diaz | 9021 SW 10th | Miami, FL 33174 |
| VD | Cesar Ferreira | 9021 SW 10th | Miami, FL 33174 |
| SD | Maricela Wiltz | 9021 SW 10th | Miami, FL 33174 |
| T | Odetta Encinosa | 9021 SW 10th | Miami, FL 33174 |
| | | | |
| | | | |

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 contained in Chapter 119, 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:

Rafael Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/06

Daytime Phone #

(305) 898-1479

B Mitchell MAR 8 2006