

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR -9 PM 2:00

SEV. DATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000004336

1. Corporation Name

Te6 Cruz Centro Deportivo Cultural DOMINICANO INC.

2. Principal Office Address

3555 NW 18 AVE

Suite, Apt. #, etc.

APT. 1

City & State

MIAMI Florida

Zip

33142

Country

USA

3. Mailing Office Address

SAUR 45

Suite, Apt. #, etc.

1

City & State

MIAMI Florida

Zip

33142

Country

DADE

REINSTATEMENT 03-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

02-0586900

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

Pedro VALERIO

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

2142 NW 26 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/20/2006

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
<u>PP</u> <u>President</u>	<u>Pedro VALERIO</u>	<u>2142 NW 26 ST</u>	<u>MIAMI FL 33142</u>
<u>VICE</u> <u>President</u>	<u>ELIAZ CRUZ</u>	<u>3231 NW 18 AVE</u>	<u>MIAMI FL 33142</u>
<u>SECRETARY</u>	<u>ELVIS MARTINEZ</u>	<u>3231 NW 18 AVE</u>	<u>MIAMI FL 33142</u>
<u>5. VICE</u> <u>Secretary</u>	<u>JESUS HERRERA</u>	<u>2142 NW 26 ST</u>	<u>MIAMI FL 33142</u>

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03/30/06--01038--017 **420.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/06

Daytime Phone #

305 6346282