

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


Page 152

FILED

2006 DEC 11 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 102000006873  
1. Corporation Name MIAMI Volleyball Club, Inc.

2. Principal Office Address <u>3963 HAWKS CT.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>3963 HAWKS CT.</u> Suite, Apt. #, etc.	
City & State <u>WESTON, FL.</u>		City & State <u>WESTON, FL.</u>	
Zip <u>33331</u>	Country	Zip <u>33331</u>	Country

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 09/09/2002

5. FEI Number 134211642

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Josa Bermudez

Street Address (P.O. Box Number is Not Acceptable) 3963 HAWKS CT.

Suite, Apt. #, Etc.

City WESTON State FL Zip Code 33331

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] Date 12/08/06  
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
P	Josa Bermudez	3963 HAWKS CT.	WESTON, FL. 33331
S	CARMEN Bermudez	3963 HAWKS CT.	WESTON, FL. 33331
V	Hector MARTINEZ	7705 SW. 129th CT.	MIAMI, FL. 33183
T	CARMEN Bermudez	3963 HAWKS CT.	WESTON, FL. 33331

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] Josa Bermudez 10/30/06 (954) 34-3676

**MIAMI VOLLEYBALL CLUB, Inc.**

3963 Hawks CT. Weston, FL. 33331

Page 2 of 2

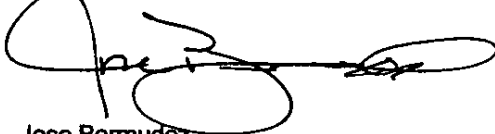
December 8, 2006

Department of the State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

Dear Sir or Madam:

Please be advised that I never receive the annual report notices for 2005 . Please find enclosed check for the amount of \$131.25 for the Annual report fee for 2005 & 2006 and a Certificate of Status.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jose Bermudez', with a large, stylized flourish extending to the right.

Jose Bermudez  
President Miami Volleyball Club, Inc.