

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 11 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000008702

1. Corporation Name

CLUB MEXICO INC.

2. Principal Office Address - No P.O. Box #

232 ANDALUSIA AVE

Suite, Apt. #, etc.

SUITE 370

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA

3. Mailing Office Address

232 ANDALUSIA AVE

Suite, Apt. #, etc.

SUITE 370

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/07/2003

5. FEI Number

113705638

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

REYGADAS & ASSOCIATES, INC.

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

232 ANDALUSIA AVE

Suite, Apt. #, Etc.

SUITE 370

City

CORAL GABLES

State

FL

Zip Code

33134

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 12/10/2009

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	MARCO A RUBI	232 ANDALUSIA AVE SUITE 370	CORAL GABLES, FL. 33134
VP	JOSE A REYGADAS	232 ANDALUSIA AVE, SUITE 370	CORAL GABLES, FL 33134
VP	JAIME ESCANDON	2600 SW 3rd AVE, SUITE 800-B	MIAMI, FL 33129
VP	JENNIFER HEEGAARD	19555 E. COUNTRY CLUB DR. APT 604	AVENTURA, FL 33180

10. E-mail Address: jareygadas@gmail.com

(To be used for future annual report notification)

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. I further certify 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:

MARCO A RUBI

12/10/2009 7862457425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #