

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000008729

1. Entity Name  
LIGA MEXICANA DE FUTBOL, INC.



Principal Place of Business  
1657 SW 2 CT.  
HOMESTEAD, FL 33030 US

Mailing Address  
1657 SW 2 CT.  
HOMESTEAD, FL 33030 US

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10192004 REIN-NP CR2E099 (6/04)

City & State

City & State

4. FEI Number

Applied For

50-0290129

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required.....

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARVIZ, MEDARDO  
1718 NE 8 ST.  
APT A  
HOMESTEAD, FL 33033

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$61.25**  
**After January 1, 2005, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME MONTES, ENRIQUE  
STREET ADDRESS 1657 SW 2 CT.  
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE VP ☐ Delete  
NAME MARTINEZ, FRANCISCO  
STREET ADDRESS 1657 SW 2 CT.  
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE SEC. ☐ Delete  
NAME ARVIZO, MEDARDO  
STREET ADDRESS 1718 NE 8 ST., APT A  
CITY-ST-ZIP HOMESTEAD, FL 33033

TITLE TREA ☐ Delete  
NAME MONTES, BERTHA  
STREET ADDRESS 1657 SW 2 CT.  
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #