

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 MAY 28 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO3000008729

1. Corporation Name

Liga Mexicana de Futbol, Inc

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

11965 SW. 142 Terr

Suite, Apt. #, etc.

Suite 103

City & State

miami, FL

Zip

33186

Country

USA

3. Mailing Office Address

11965 S.W. 142 Terr

Suite, Apt. #, etc.

Suite 103

City & State

miami, FL

Zip

33186

Country

USA

400130291824

05/28/08--01001--009 \*\*420.00

CR2E081 (12/07)

05-08

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-0290129

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

Enrique Montes

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

11965 S.W. 142 Terr

Suite, Apt. #, Etc.

Suite 103

City

miami

State

FL

Zip Code

33186

☒ 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

REGISTERED AGENT MUST SIGN

Date

05/22/08

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.D	Enrique Montes	11965 S.W. 142 Terr	miami/FL/33186
		Suite 103	

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

05/22/08

Date

786-515-4106

Daytime Phone #

B. Mitchell MAY 28 2008