

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

DOCUMENT # N03000009695

1. Entity Name
LIGA DEPORTIVA BOLIVIANA, INC.



05 OCT 14 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
424 S "H" STREET
LAKE WORTH, FL 33460

Mailing Address
424 S "H" STREET
LAKE WORTH, FL 33460

9/13/05 01005000 \$297.50



2. Principal Place of Business
424 S "H" street

3. Mailing Address
424 S "H" STREET

05102005 REIN-NP CR2E099 (6/04) 04-05

City & State
LAKE WORTH FL.

City & State
LAKE WORTH FL.

Zip
33460

Country
W.P.B.

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VALLEJOS, RICARDO
5789 ITHACA CIRCLE
LAKE WORTH, FL 33463

7. Name and Address of New Registered Agent
Name
RICARDO VALLEJOS
Street Address (P.O. Box Number is Not Acceptable)
5789 ITHACA CIRCLE
City
LAKE WORTH FL Zip Code
33463

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 RICARDO VALLEJOS
(NOTE: Registered Agent signature required when reinstating)

DATE 7/28/05

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESIDENT VILLEJOS, RICARDO 5789 ITHACA CIRCLE LAKE WORTH, FL 33463	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILCA, VIDAL 424 S "H" STREET LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT LUAN BARRIS 8761 PLACID TELLACE LAKE WORTH FL 33467	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LEONZIO ARZE 788 SE RIVER ST PORT CHARLOTTE FL 33702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND SECRETARY SANDRO FELICIANO 1828 Keenland circle W.P.B. 433-05	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER VIDAL VILCA 424 S "H" STREET LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-TREASURER FELIPE VALLEJOS 723 N "J" ST. LAKE WORTH FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 9-10-05 561-963-3972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #