

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUN 29 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N9300000154K*
1. Corporation Name *MIAMI SHOOTING
CLUB INC.*

2. Principal Office Address - No P.O. Box #
10320 SW 56 ST
Suite, Apt. #, etc.

3. Mailing Office Address
10320 SW 55 ST
Suite, Apt. #, etc.

City & State
MIAMI FLORIDA
Zip Country
33165 U.S.

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Zip Country
33165 U.S.

800208406018
06/03/11--01003--003 **236.25

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida *04-19-1993*

5. FEI Number
650405380 ☐ 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
JOSE A. RAMOS
Street Address (P.O. Box Number is Not Acceptable)
10320 SW 55 ST.
Suite, Apt. #, Etc.

City State Zip Code
MIAMI FL 33165

800208406018
06/29/11--01033--002 **70.00

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

Ramos

REGISTERED AGENT MUST SIGN

Date *06-30-2011*

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	<i>Moises A. Rivero.</i>	<i>14702 SW 38 TER.</i>	<i>MIAMI FL 33185</i>
S	<i>Oswaldo Diaz.</i>	<i>14575 SW 43 TER.</i>	<i>MIAMI FL 33175</i>
T	<i>JOSE A. RAMOS.</i>	<i>10320 SW 55 ST.</i>	<i>MIAMI FL 33165</i>

REINSTATEMENT

RB 6/30/11
10-11

10. E-mail Address: *diaz 000 @ Bell South. Net*
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.

SIGNATURE:

Ramos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-30-2011 3055780824

Date

Daytime Phone #