

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -1 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005085

1. Corporation Name

GRUPO TACTICO DE COMBATE CORP.

2. Principal Office Address

12858 SW 52 ST

3. Mailing Office Address

12858 SW 52 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

Zip

33027

Country

Zip

33027

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/14/1994

5. FEI Number

65-0528587

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 M VICTORERO

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

12858 SW 52 ST

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

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 020204

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
PD	JOSE M VICTORERO	12858 SW 52 ST	MIRAMAR, FL 33027
TD	MANUEL DORAL	2511 NW 24 ST	MIAMI, FL
VP	SOLEDAD COLMENARES	1923 NW 2 ST #3	MIAMI, FL
D	ERNESTO CRUZ	3775 NW 91 ST	MIAMI, FL
D	JULIE RAMOS	18935 NW 45 AVE	MIAMI, FL
D	LUIS LUGO	1923 SW 2 ST #3	MIAMI, FL

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 under section 119.07(3)(i), 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:

JOSE M VICTORERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

020204

Date

Daytime Phone #

CR2E081 (10/02)

COPY *Paychex*

GRUPO TACTICO DE COMBATE CORP.
12858 SW 52 ST
MIRAMAR, FL 33027

Monday, February 02, 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FL 32314

RE: UNIFORM BUSINESS REPORT #N94000005085

We are filing for reinstatement to pay the annual report for our NON-profit corporation. We apologize; we never received any of the prior notices.

We did not intentionally file late because we never received any correspondence from your department by the post office. We moved and forgot to notify the department of our new address. Please, We respectfully ask for an abatement of the penalty charges and accept our filing and the check for \$183.75 covering the 2002, 2003 and 2004 filing. We have corrected the discrepancy with the post office and all reports will be filed on time from now on.

Thank you for your understanding and attention to our case.

Jose Victorero
JOSE VICTORERO - PRESIDENT