

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JAN -8 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006520

1. Corporation Name
MIAMI POWER TEAM FOUNDATION INC.

2. Principal Office Address - No P.O. Box #
13201 SW 71ST.

Suite, Apt. #, etc.

3. Mailing Office Address
P.O. BOX 83-0921

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI FL-

Zip
33183

Country

Zip
33283-0921

Country

4. Date Incorporated or Qualified To Do Business in Florida
12/23/96

5. FEI Number
65-0713616

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (1/07)

7. Name and Address of Current Registered Agent

Name
MIGUEL SANCHEZ

Street Address (P.O. Box Number is Not Acceptable)
13201 SW 71ST

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33183

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.

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01/14/08--01003--032 **490.

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
[Signature]

Date
01/07/08

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
P	MIGUEL SANCHEZ	13201 SW 71 ST	MIAMI, FL. 33183
VP	Giovanni Sanchez	13201 SW 71ST	MIAMI, FL. 33183
VP	Michael Sanchez	13201 SW 71ST	MIAMI, FL. 33183

REINSTATEMENT

2001-08

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]

Date
01/07/08

Daytime Phone #
786-586-9150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #