

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003109

1. Corporation Name

MIAMI-DADE AQUATIC CLUB, INC.

Principal Place of Business

3939 SW 7TH STREET
MIAMI FL 33134

Mailing Address

3939 SW 7TH STREET
MIAMI FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/1997

5. FEI Number

65-0842532

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GARCIA, OSVALDO	C/O 3939 SW 7TH STREET	MIAMI FL 33134
VT	VASALLO, JOSE	C/O 3939 SW 7TH STREET	MIAMI FL 33134
STT	KORMICK, TONY	C/O 3939 SW 7TH STREET	MIAMI FL 33134

900003043149--9
-11/12/99-01103-013
*****61.25 *****61.25

SP

8. Name and Address of Current Registered Agent

GARCIA, OSVALDO
3939 SW 7TH STREET
MIAMI FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/28/99

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., 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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/99

Daytime Phone #

(305) 442-4470

October 28, 1999
Florida Department of State
Katherine Harris
Secretary of State
Division of Corporation

This letter is to clarify the situation that has been involved Miami Dade Aquatic Club inc with document # N97000003109 and FEI Number 65-0842532.

Last week I received an information about the possible reinstatement or dissolution of our corporation. I did not understand what happened because I was sure I sent the payment in time and before I never received a notice about this situation. Last week I made contact with you and I received the information that I have to send you a clarify letter about our situation and the payment of 61.25 fee for this years . I am sorry about this situation bout I was sure I sent the payment.

Grateful for your help.

Oswaldo Garcia

President Miami Dade Aquatic Club inc.