

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

DOCUMENT # P00000096832

1. Corporation Name

MIAMI ATHLETIC CLUB INC.

Principal Place of Business

Mailing Address

10036 WINDING LAKE RD APT 204
SUNRISE FL 33351

10036 WINDING LAKE RD APT 204
SUNRISE FL 33351

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/2000

5. FEI Number

65-1043852

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	ROUMAIN, GEORGES	10036 WINDING LAKE RD APT 204	SUNRISE FL 33351
TD	SALOMON, JN MICK	10036 WINDING LAKE RD APT 204	SUNRISE FL 33351
D	BOURRAINE, ERICK	10036 WINDING LAKE RD APT 204	SUNRISE FL 33351
D	COURAGE, DENIS	10036 WINDING LAKE RD APT 204	SUNRISE FL 33351
			01432178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROUMAIN, GEORGES
10036 WINDING LAKE RD APT 204
SUNRISE FL 33351

Name

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

Suite, Apt. #, Etc.

City

State

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

Georges Roumain

REGISTERED AGENT MUST SIGN

900004652709--0

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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:

Georges Roumain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/01 (954) 989-1938

FILED

01 OCT 22 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E040 (8/01)



MIAMI ATHLETIC CLUB, INC.
2165 SW 52 ST
Ft Lauderdale, FL 33312

Katherine Harris
Secretary of state
Division of Corporation
Tallahassee, FL 32314-6327

Dear, Mrs. Harris

This letter is to inform you that yesterday October 16, I received the notice of dissolution.
And also I did not receive previous notice.
Please reinstate the Miami Athletic Club, Inc.

Sincerely,

Georges Roumain
Georges Roumain
C.E.O

Same#

7289312

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