

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -5 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300088228323
02/13/07--01013--014 **300.00

REINSTATEMENT

06-07 CR2E081 (12/05) ef

4. Date Incorporated or Qualified
To Do Business in Florida 03/02/04

5. FEI Number 20-8340037
Applied For Not Applicable

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

DOCUMENT # P04000039619

1. Corporation Name

TIGER TRACK OF MIAMI, INC.

2. Principal Office Address

490 W. 53 ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

Zip

33012

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

HERIBERTO ROMAN

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

490 W. 53 ST

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33012

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

Heriberto Roman

Date

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	HERIBERTO ROMAN	490 W. 53 ST	HIALEAH, FL. 33012

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:

Heriberto Roman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$ 300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2006 thru 2007 or any other notice from the Division of Corporations in respect with the Corporation **TIGER TRACK OF MIAMI, INC.**

Thank you for your courtesy in this matter.

Heriberto Roman

HERIBERTO ROMAN
PRESIDENT