

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000058354

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Entity Name:** STRIKE ZONE AT THE FALLS, INC.

**Current Principal Place of Business:**

8867 SW 132ND STREET  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

12323 SW 55 STREET  
SUITE 1007  
COOPER CITY, FL 33330

**New Mailing Address:**

**FEI Number:** 20-4752220

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIAZ, RENE  
2320 PONCE DE LEON BLVD  
2ND FLOOR  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** RENE DIAZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FERNANDEZ, ALEXANDER  
**Address:** 6225 STALLION WAY  
**City-St-Zip:** SOUTHWEST RANCHES, FL 33330

**Title:** VP  
**Name:** FERNANDEZ, LOURDES  
**Address:** 6225 STALLION WAY  
**City-St-Zip:** SOUTHWEST RANCHES, FL 33330

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ALEXANDER FERNANDEZ

P

10/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date