PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JUN 21 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/03/02--01012--012
****450.00 ****450.00

DOCUMENT #

REINSTATEMENT 01-02

1. Corporation Name
Thunder Wheels Skating Center, Inc
P94000060393

2. Principal Office Address	3. Mailing Office Address
4135 W 6TH AVE	4135 W 6TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Florida	City & State: Hialeah Florida
Zip: 33012 Country: U.S	Zip: 33012 Country: U.S

4. Date Incorporated or Qualified To Do Business in Florida: 1994

5. FEI Number: 65-0514612 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

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Name: MEDARDO M. MARTIN
Street Address (P.O. Box Number is Not Acceptable): 4135 W 6TH AVE
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: _____ Date: 6/19/02
REGISTERED AGENT MUST SIGN

CR2E095 (3/01)

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
D	MEDARDO M. Martin	4135 W 6 Ave	Hialeah Fl 33012
D	Luis R. Rodriguez	1042 W 50 PL	Hialeah Fl 33012
D	Pedro R. Haber	6630 N.W 41st	Virginia Gardens 33166
V.P	Ana Martin	4135 W 6 Ave	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 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: _____ MEDARDO M. MARTIN Pres 6/19/02 786-218-1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #