

APPLICATION  
FOR  
REINSTATEMENT  
FOR ale  
1997

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

FILED

97 MAY 19 AM 11:41

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95000072080  
TAMIAMI MARKETPLACE, INC.  
6812 N.W. 77 Court  
Miami, Florida 33166

**REINSTATEMENT** 96-97

If this corporation is a non-profit with I.R.S.  
501(c)(3) tax exempt status, check this box ☐

2. If Address of Corporation has changed since last filing, enter the correct address below. If the address has not changed, check the box indicating no change only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified  
To Do Business in Florida Sept. 18, 1997

APPLIED FOR

☐ FEI Number Applied For  
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
D/P	FELIX LIMA	6812 N.W. 77 Court	Miami, Florida 33166
D/V	AMANCIO SUAREZ	6812 N.W. 77 Court	Miami, Florida 33166
D/S	GIRALDO LEYVA	6812 N.W. 77 Court	Miami, Florida 33166
300002190323--9 -05/23/97--01115--010 *****015-80 *****015-80 923.75 923.75 05/22/97			
This corporation has liability for intangible tax under section 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No For intangible tax information call Department of Revenue 904-488-6800.			

REGISTERED AGENT INFORMATION

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

ROGER BESU  
815 N.W. 57th Ave., Suite 484  
Miami, FL 33129

Name

HECTOR J. MIR

Street Address (Do NOT Use P.O. Box Number)

2655 Le Jeune Road

Street Address (Do NOT Use P.O. Box Number)

Suite 1107

City and State

Coral Gables,

FL.

Zip Code

33134

8. 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

Hector J. Mir

Date 4/30/97

REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of  
Officer or Director

[Signature]

Date 4/30/97

Phone # 305-554-7279

Typed or printed name of signing officer or director

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED



SEAL AND FEE  
required for a  
Certificate of Status