

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000072080**

1. Corporation Name

TAMIAMI MARKETPLACE, INC.

Principal Place of Business

Mailing Address

6812 N.W. 77 COURT
MIAMI FL 33166

6812 N.W. 77 COURT
MIAMI FL 33166

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/1995

5. FEI Number **65-0635019**
APPLIED FOR

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)	2 Name of Officers and/or Directors	3 (Do NOT Use Post Office Box Numbers) Street Address of Each Officer and/or Director	4 City / State / Zip
DP	LIMA, FELIX	6812 N.W. 77 COURT	MIAMI FL 33166
DV	SUAREZ, AMANCIO	6812 N.W. 77 COURT	MIAMI FL 33166
DS	LEYVA, GIRALDO	6812 N.W. 77 COURT	MIAMI FL 33166

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIR, HECTOR J.
2655 LE JEUNE ROAD
SUITE 1107
CORAL GABLES FL 33134

Name

GIRALDO LEYVA

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

6950 N.W. 77TH CT.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **NOVEMBER 13, 1998**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/98

Date

Daytime Phone #

FILED

98 DEC 21 PM 6:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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