

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -9 PM 5:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000007544

1. Corporation Name

JOKEY CLUB ARGENTINO INC.

2. Principal Office Address

1653 WASHINGTON AVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

DADE

3. Mailing Office Address

1653 WASHINGTON AVE

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

01/24/96

5. FEI Number

65-0641729

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

Name

JULIA A. ARANCIBIA

100004324391-3

-05/29/01--01010--007

\*\*\*\*\$00.00 \*\*\*\*\$00.00

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

13670 SW 80th STREET

Suite, Apt. #, Etc.

REINSTATEMENT 00-0178

City

MIAMI,

State

FL

Zip Code

33183

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

5/04/01

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
PD	JULIA A. ARANCIBIA	13670 SW 80th STREET	MIAMI, FL 33183
VD	DOMINGA J. ARANCIBIA	13670 SW 80th STREET	MIAMI, FL 33183
TD	JAVIER ARANCIBIA	13670 SW 80th STREET	MIAMI, FL 33183
SD	GUSTAVO ARANCIBIA	13670 SW 80th STREET	MIAMI, FL 33183

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/04/01

Daytime Phone #

CR2E081 (9/00)