PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 11 AM 8:07

DOCUMENT # P96000007544

1. Corporation Name
Jockey Club Argentino Inc.
1533 Washington Avenue
Miami Beach, Florida 33139

REINSTATEMENT 02-03

900013925979
03/11/03--01069--008 **900.00

2. Principal Office Address		**3.** Mailing Office Address	
1533 Washington Avenue		1533 Washington Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami Beach, Fl 33139		Miami Beach, Fl 33139	
Zip	Country	Zip	Country
33139	Dade	33139	Dade

4. Date Incorporated or Qualified To Do Business in Florida

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
Julio A. Arancibia

Street Address (P.O. Box Number is Not Acceptable)
13670 S.W. 80th Street

Suite, Apt. #, Etc.
Miami, Florida 33183

City	State	Zip Code
	FL	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 J. A. [signature] Date March 3, 2003
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
Pres	Julio A. Arancibia	13670 S.W. 80th Street	Miami, Florida 33183
Vice	Dominga J. Aranciabia	13670 S.W. 80th Street	Miami, Florida 33183
Sec	Javier Arancibia	13670 S.W. 80th Street	Miami, Flroida 33183
Trea	Gustavo Arancibia	13670 S.W. 80th Street	Miami, Florida 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: J. A. [signature] Julio A. Arancibia March 3, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #