

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION**  
**1997 FOR REINSTATEMENT**

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



**APPROVED  
AND  
FILED**

1997 OCT 29 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000029180**

1. Corporation Name  
**MIAMI SOCCER ACADEMY, INC.**

Principal Place of Business      Mailing Address  
**358 S.W. 18 ROAD**      **358 S.W. 18 ROAD**  
**MIAMI FL 33129**      **MIAMI FL 33129**



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>03/28/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/O	JORGE BASCHA	358 SW 18th ROAD.	MIAMI, FL 33129

400002336314--2  
-11/03/97--01095--003  
\*\*\*\*165.00 \*\*\*\*165.00

**SCC 10-29-97**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
<b>BASCHA, JORGE ARMANDO</b> <b>358 S.W. 18 ROAD</b> <b>MIAMI FL 33129</b>		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City      State      Zip Code <b>FL</b>	

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      Date **10/24/97**

REGISTERED AGENT MUST SIGN

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)(l), 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:**      **10/24/97**      **306-70-8461**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E040 (8/97)



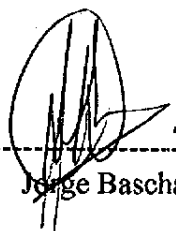
October 25, 1997

Florida Department of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Miami Soccer Academy, Inc. - Document # P96000029180

Upon receipt of the Notice of Administrative Dissolution, I realized that I had not received any prior notification. I then called your office and spoke to one of your representatives and I explained the problem, and he agreed for me to send the Application for Reinstatement with the \$165.00 check.

Thank you for your attention to this matter.



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Jorge Bascha