

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

00 FEB -7 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000071568**

1. Corporation Name

SPORTS SEATS CORPORATION

Principal Place of Business

7231 SW 63RD AVE
SUITE 200
MIAMI FL 33143
US

Mailing Address

7231 SW 63RD AVE
SUITE 200
MIAMI FL 33143
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/1996

5. FEI Number

65-0742928

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MOREIRA, DOMINGO R	601 ARVIDA PARKWAY	CORAL GABLES FL 33143
D	PASALODOS, OMAR	8950 N KENDALL DR #403	MIAMI FL 33176
D	VALVERDE, FERNANDO	160 LEUCADENDRA	CORAL GABLES FL 33156
			200003136422--5 02/15/00-01116-018 ****700.00 ****700.00

8. Name and Address of Current Registered Agent

~~BOGERT, ALBERT D~~
~~7231 SW 63RD AVE~~
~~SUITE 200~~
~~MIAMI FL 33143~~

9. Name and Address of New Registered Agent

Name

Moreira, Domingo R.

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

7231 SW 63rd Avenue Suite 200

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

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 February 02, 2000

11. 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

Domingo R. Moreira/Director

02/02/00 (305) 663-4380

Date

Daytime Phone #

RE