

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**

99-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 MAR -6 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 722809

1. Corporation Name

Circulo Cubano De Tampa Inc.

000003171850--5

-03/16/00--01003--020

\*\*\*\*175.00 \*\*\*\*175.00

**REINSTATEMENT**

99-100

2. Principal Office Address

2010 Republic de Cuba Ave P.O. Box 5625

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa Florida

Zip

33605

Country

USA

Zip

33675

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1972

5. FEI Number

59-0193645

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAUL JAIME DOSAL

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

2010 AVENIDA REPUBLICA DE CUBA

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33605

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

*Paul Dosal*

Date 2/3/00

REGISTERED AGENT MUST SIGN

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
✓	ANGELO PEREZ	2010 AVENIDA REPUBLICA DE CUBA	TAMPA, FL 33605
✓	RAUL LAVIN	2010 AVENIDA REPUBLICA DE CUBA	TAMPA, FL 33605
D	JOE COSTA	2010 AVENIDA REPUBLICA DE CUBA	TAMPA, FL 33605
D	ALEJANDRO M. DE QUESADA, JR.	2010 AVENIDA REPUBLICA DE CUBA	TAMPA, FL 33605
D	ROSS BANNISTER	2010 AVENIDA REPUBLICA DE CUBA	TAMPA, FL 33605

KE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul Dosal*

2/3/00

Date

813-948-9331

Daytime Phone #