PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAY -7 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

400155634514
05/08/09--01001--019 **122.50

CR2E081 (12/07)

DOCUMENT # N05000002498

Corporation Name

Municipio De Gibara En El Exilio Inc

Principal Office Address - No P.O. Box #	2. Mailing Office Address
993 W. 65 St	993 W. 65 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah FL	City & State: Hialeah FL
Country: USA	Country: USA
Zip: 33012	Zip: 33012

4. Date Incorporated or Qualified To Do Business in Florida: 3/10/05

5. FEI Number: 43-3800866 ☐ 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: Ramon A. Perez

Street Address (P.O. Box Number is Not Acceptable): 2300 SW 20 Street

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33145

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: _____ Date: May 6/09
REGISTERED AGENT MUST SIGN

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	Ramon A Perez	2300 SW 20 St	Miami FL 33145
VD	Wilberto F Lopez	993 W. 65 St	Hialeah FL 33012
TD	Candi Martinez	993 W. 65 St	Hialeah FL 33012

D. 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 contained in Chapter 119, 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: _____ May 6/09 (305) 859-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #