

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

2008 DEC 24 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (10/08)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N06000007732**

1. Corporation Name  
**Asociacion Cultural Jose Marti USA Inc**

2. Principal Office Address - No P.O. Box # <b>1360 SW 16th Street</b>		3. Mailing Office Address <b>P O Box 452433</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, Fl</b>		City & State <b>Miami Fl</b>	
Zip <b>33145</b>	Country <b>US</b>	Zip <b>33245</b>	Country <b>US</b>

4. Date Incorporated or Qualified To Do Business in Florida **07/21/2006**

5. FEI Number **20-5277056**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Equal Services c/o Frank De La paz**

Street Address (P.O. Box Number is Not Acceptable) **3901 NW 79th Ave**


Suite, Apt. #, Etc. **251**

City **Doral** State **FL** Zip Code **33166**

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.

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**12/24/08--01045--015 \*\*131.25**

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.

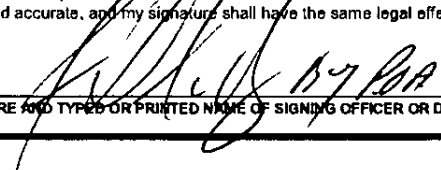
Signature of Registered Agent  Date **12/22/2008**

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
PSD	Jose Lopez	1360 SW 16th Street	Miami Fl 33145
D	Mairin Lopez	1360 SW 16th Street	Miami Fl 33145
D	Fernando Real	1360 SW 16th Street	Miami Fl 33145
D	Luis R Egusquiza	1360 SW 16th Street	Miami Fl 33145
D	Federico Montalvo	1360 SW 16th Street	Miami Fl 33145

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 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:  Date **12/22/2008**

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

**REINSTATEMENT** 07-08