

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY -3 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000576

1. Corporation Name

INTERNATIONAL INSTITUTE OF CUBAN LAWYERS, INC.

2. Principal Office Address

250 Catalonia Ave.

Suite, Apt. #, etc.

400

City & State

Coral Gables, Fl.

Zip

33134

Country

Miami-Dade

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1994

5. FEI Number

65-0489315

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

JOSE L. GUILLEN

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

250 Catalonia Ave.

Suite, Apt. #, Etc.

400

City

Coral Gables,

600003244976-5

05/09/00-01093-005

****297.50 ****297.50

State
FL

Zip Code
33134

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

REGISTERED AGENT MUST SIGN

Date May 2 - 2000

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
D/P	PEDRO P. LLAGUNO	2528 S.W. 24 Ave.	Miami, Fl 33133
D/T	JOSE L. GUILLEN	250 Catalonia Ave.#400	Coral Gables, Fl 33134
D/VT	MARTA C. LARRABAL	1225 S.W. 197 Ave. #526	Miami, Fl 33174
D/S	RAUL E. VALDES-FAULI	2 S.Biscayne Blvd. #3400	Miami, Fl 33131
D/VS	JOSE L. SILVERO	9682 Fontainbleau Blvd. #404,	Miami, Fl 33172

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.

PEDRO P. LLAGUNO PRESIDENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 2 - 2000 305-2540502

Date

Daytime Phone #