

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N9400003233**

1. Corporation Name

CUBAN HUMANITARIAN ASSISTANCE SOCIETY, INC.

N99-19065

Principal Place of Business

**330 Biscayne Blvd.
Suite 620
Miami, FL 33132**

Mailing Address

**999 Ponce de Leon Blvd
Suite 625
Coral Gables, FL 33134**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida

June 28, 1994

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Teo A. Babun, Jr.	330 Biscayne Blvd. #620	Miami, FL 33132
T/S/D	Frank Allcorn	330 Biscayne Blvd. #620	Miami, FL 33132
VP/D	Dr. Kenneth Smith	330 Biscayne Blvd. #620	Miami, FL 33132
VP	Rafael Huget	330 Biscayne Blvd. #620	Miami, FL 33132

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Teo A. Babun, Jr.
Street Address (P.O. Box Number is Not Acceptable)
330 Biscayne Blvd.
Suite, Apt. #, Etc.
#620
City
Miami

State
FL

Zip Code
33132

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

REGISTERED AGENT MUST SIGN

Date **8-11-99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

Teo A. Babun, Jr., Pres.

Date

8-11-99

305-379-1234

Daytime Phone #

FILED

99 AUG 30 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT **95-99**

CR2E081 (12/98)