

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 15 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000004053**

1. Corporation Name

CIRCULO NACIONAL DE PERIODISTAS DE CUBA INC.

Principal Place of Business

Mailing Address

~~6000 SW 115 COURT
SUITE 168
MIAMI FL 33173~~

**275 FONTAINE BLEU
SUITE 168
MIAMI FL 33172**

**275 FONTAINE BLEU
SUITE 168
MIAMI FL 33172**

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

08/23/1995

5. FEI Number

65-0702648

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
D.P.	RODRIGUEZ, LUIS D	300 SW 12 AVE SUITE 1	MIAMI FL 33130
	JOSE R. CARREÑO	275 Fontainebleau Suite 168	MIAMI FLA 33172
D.P.	BARRERA, MARIO	300 SW 12 AVE SUITE 1	MIAMI FL 33130
	JOSE W. C. QUINTANA	275 Fontainebleau Suite 168	MIAMI FLA 33172
D.S.	LORENTE, IVAN	300 SW 12 AVE SUITE 1	MIAMI FL 33130
	MARTA RAMOS	275 Fontainebleau Suite 168	MIAMI FLA 33172

8. Name and Address of Current Registered Agent

RODRIGUEZ, LUIS D
JOSE R. CARREÑO
300 SW 12 AVE
SUITE 1
MIAMI FL 33130

275 Fontainebleau Suite 168
MIAMI FLA 33172

9. Name and Address of New Registered Agent

Name **JOSE R. CARREÑO**
Street Address (P.O. Box Number is Not Acceptable) **275 Fontainebleau Bl.**
Suite, Apt. #, Etc. **Suite 168**
City **MIAMI FL**
State **FL** Zip Code **33172**

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **02/20/98**

11. This corporation owes or has paid 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE R. CARREÑO

02/20/98

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