

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -7 PM 2:58

DOCUMENT #

1. Corporation Name

Foundation of the Cuban Association of the
S.M.O. of Malta, Inc.

Document Number: N93000003633

2. Principal Office Address

2950 S.W. 27 Avenue

Suite, Apt. #, etc.

300

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33133

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/09/1993

5. FEI Number

650429382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 95-05

7. Name and Address of Current Registered Agent

Name

Juan T. O'Naghten

400059582244

09/13/05--01061--001 **848.75

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

2950 S.W. 27 Avenue

400059582244

09/13/05--01061--002 **8.75

Suite, Apt. #, Etc.

300

City

Miami

State

FL

Zip Code

33133

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 08-30-2005

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
P/D	Fernando T. Garcia-Chacon	2950 SW 27 Ave. #300	Miami, FL 33133
V/D	Juan T, O'Naghten	2950 SW 27 Ave. #300	Miami, FL 33133
S/D	Luis M. O'Naghten	2950 SW 27 Ave. #300	Miami, FL 33133
T/D	Jose A. Fernandez-Penichet	2950 SW 27 Ave. #300	Miami, FL 33133
D	Jose J. Centurion	2950 SW 27 Ave. #300	Miami, FL 33133

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-05 (786) 888-6494

Date

Daytime Phone #

CR2E081 (01/05)