

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 16 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

753395

1. Corporation Name

Cuban American Certified Public Accountants Association,  
Inc.

2. Principal Office Address

8500 W. Flagler Street

Suite, Apt. #, etc.

Suite 105

City & State

Miami, FL

Zip

33144

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

7/18/1980

5. FEI Number

59-2034297

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

Manuel . Garcia-Linares

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

201 S. Biscayne Boulevard

Suite, Apt. #, Etc.

10th Floor

City

Miami

State

FL

Zip Code

33131

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

*(Jesus Socorro)*  
REGISTERED AGENT MUST SIGN

Date January 13, 2003

**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	Jesus Socorro "	8500 W. Flagler Street, Suite 105	Miami, FL 33144
V	Jose Gomez "D"	8500 W. Flagler Street, Suite 105 "D"	Miami, FL 33144
S	Alexander Sueiro "D"	8500 W. Flagler Street, Suite 105 "D"	Miami, FL 33144
T	Marlene Aguerrebere "D"	8500 W. Flagler Street, Suite 105 "D"	Miami, FL 33144

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:

*(Jesus Socorro)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/21/03

Daytime Phone #

(305) 984-3196

CR2E081 (10/02)

5/22