

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JUL 26 AM 11:52

DOCUMENT # 463660

1. Corporation Name

Tomas Cuban American, Inc.

Principal Place of Business

Mailing Address

10795 SW 31 ST  
Miami, FL 33165

Same

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

2. New Principal Office Address, if Applicable

10795 SW 31 ST

Suite, Apt. #, etc.

Miami, FL

City & State

Zip

33165

Country

USA

3. New Mailing Office Address, if Applicable

10795 SW 31 ST

Suite, Apt. #, etc.

Miami, FL

City & State

Zip

33165

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11-27-74

5. FEI Number

59-1565638

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	Juan, Mercedes	10795 SW 31 ST	Miami, FL 33165
Sec.	Juan, Javier	10795 SW 31 ST	Miami, FL 33165
Mgr.	Juan, Tomas	10795 SW 31 ST	Miami, FL 33165
			800002956718--9
			08/11/99-01025-012
			***1800.00 ***1800.00

8. Name and Address of Current Registered Agent

Madrigal, Armando  
12745 S.W. 32 Terr.  
Miami, FL 33175

9. Name and Address of New Registered Agent

Name: Juan, Tomas  
Street Address (P.O. Box Number is Not Acceptable):  
10795 SW 31 ST  
Suite, Apt. #, Etc.:  
City: Miami  
State: FL  
Zip Code: 33165

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

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)(b), 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:

Mercedes Juan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRP2001 (12/98)