

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 99-00

05/06/99 90041 016 #el. 25
08/19/99 90010 043 #el. 25

CORPORATION REINSTATEMENT
99-2000



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

DOCUMENT # 722809

1. Corporation Name
Circulo Cubano De Tampa Inc.

2. Principal Office Address
2010 Republic de Cuba Ave P.O. Box 5625

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Tampa Florida

City & State
Tampa Florida

Zip Country
33605 USA

Zip Country
33675 USA

4. Date Incorporated or Qualified To Do Business in Florida 1972

5. FEI Number 59-0193645 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name PAUL JAIME DOSAL

Street Address (P.O. Box Number is Not Acceptable)
2010 AVENIDA REPUBLICA DE CUBA

Suite, Apt. #, Etc.

City TAMPA

State FL Zip Code 33605

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 *Paul Dosal* Date 2/3/00

REGISTERED AGENT MUST SIGN

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
✓	ANGELO PEREZ	2010 AVENIDA REPUBLICA DE CUBA	TAMPA, FL 33605
✓	RAUL LAVIN	2010 AVENIDA REPUBLICA DE CUBA	TAMPA, FL 33605
D	JOE COSTA	2010 AVENIDA REPUBLICA DE CUBA	TAMPA, FL 33605
D	ALEJANDRO M. DE QUESADA, JR.	2010 AVENIDA REPUBLICA DE CUBA	TAMPA, FL 33605
D	ROSS BANNISTER	2010 AVENIDA REPUBLICA DE CUBA	TAMPA, FL 33605

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: *Paul Dosal* Date 2/3/00 Daytime Phone # 813-948-9331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)