

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 MAY 19 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725287

1. Corporation Name

National Association of Agronomic and Sugar
Engineers of Cuba In Exile, Inc.

2. Principal Office Address - No P.O. Box #

6401-D S.W. 116 CT.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33173-1735

Country

3. Mailing Office Address

1400 SW 27TH AVE.

Suite, Apt. #, etc.

SUITE 102

City & State

MIAMI, FLORIDA

Zip

33145

Country

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

5. FEI Number

59-2439182

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

QUESADA, MIGUEL A.

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

6401 S.W. 116 CT.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REINSTATEMENT

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	CARLOS BALDERI	7741 SW 18TH TERRACE	MIAMI, FL. 33155
D	ENRIQUE SIMON	2520 SW 64 AVE.	MIAMI, FL 33155
D	JORGE BRAVO	3501 SW 109TH AVE	MIAMI, FL 33165
D	MIGUEL A QUESADA	6401 SW 116 CT	MIAMI, FL 33173
S	TOMAS GONZALEZ	8117 SW 136 PL	MIAMI, FL 33183
T	PABLO CARRENO	9321 SW 69 ST	MIAMI, FL 33173

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 contained in Chapter 119, 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

Pablo A Carreno-Treasurer

Date

05/14/08

Daytime Phone #

305 599546