

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 26 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04



500037759675

06/08/04 - 01013 - 014 **61.25
To Do Business in Florida

04/22/1975

5. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

DOCUMENT # 732548

1. Corporation Name

CUBAN EXILES ASSOCIATION OF PROFESSORS AND GRADUATES OF VOCATIONAL SCHOOLS, INC.

Principal Place of Business

Mailing Address

PO BOX 126575
HIALEAH FL 33012
US

PO BOX 126575
HIALEAH FL 33012
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	URDA, JOSE	1620 W. 6TH AVENUE	HIALEAH FL 33010
V	NORNIELLA, RAMON	1018 NW 2ND AVE	MIAMI FL 33128
S	SEBASTIAN, JOAQUIN	1345 LINCOLN ROAD, #903	MIAMI BEACH FL 33139
VS	DOMINGUEZ, GEORGINA	13260 SW 17TH LANE #3	MIAMI FL 33175
T	URQUIZA, EFRAIN	9895 S.W. 1ST TERRACE	MIAMI FL 33174
VT	ARZA, HUGO	12800 SW 47TH STREET	MIAMI FL 33175

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARZA, HUGO
12800 SW 47 TH ST
MIAMI FL 33175

Name

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

Suite, Apt. #, Etc.

City

500037759675

07/26/04 - 01054 - 007 **236.25

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Jose E. Urda
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

5/21/04

11. 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

Jose E. Urda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/21/04 205-8845743