


2009 ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

09 FEB 17 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741174**

1. Corporation Name
GRAN LOGIA DE CUBA A.L.&A.M. INC.

2. Principal Office Address - No P.O. Box # 910 N.W. 22 Ave.		3. Mailing Office Address	
Suits, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI		City & State	
Zip 33125	Country FL	Zip	Country

200143783582
02/17/09--01019--026 **70.00
CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida
DECEMBER 20, 1977

5. FEI Number
59-1795407

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

7. Name and Address of Current Registered Agent

Name
ARMANDO SALAS AMARO

Street Address (P.O. Box Numbers Not Acceptable)
910 N.W. 22 Ave.

Suite, Apt. #, Etc.

City
miami

State
FL

Zip Code
33125

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 _____ Date _____

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
PD	JOSE A. CANGAS	910 N.W. 22 Ave	MIAMI FL.
SD	GUSTAVO PUERTO	910 N.W. 22 Ave	MIAMI FL.
TD	ROLANDO N. GORDILLO	910 N.W. 22 Ave.	MIAMI FL.

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: *Jose A. Cangas P.D.* **JOSE A. CANGAS P.D.** 02/03/09 305-649-7093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #