PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 20 PM 2:20

DOCUMENT # 758799

1. Corporation Name
CUBA INDEPENDIENTE Y DEMOCRATICA (C.I.D.), INC.

REINSTATEMENT 94-05

2. Principal Office Address	3. Mailing Office Address
10020 SW 37TH TERRACE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33165 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/17/1981

5. FEI Number: 592092724 ☐ 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: JESUS ALVAREZ

Street Address (P.O. Box Number is Not Acceptable): 2742 SW 8TH STREET

Suite, Apt. #, Etc.: 18

City: MIAMI State: FL Zip Code: 33135

900056345: 06/20/05--01060--001 **8.75 98.75

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: [signature] REGISTERED AGENT MUST SIGN Date: 6/16/05

CR2E031 (01/05)

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	MATOS, B. HUBER	10000 SW 37TH TERRACE	MIAMI, FL 33165
VD	ROIZ, JOSE	5615 SW 5TH STREET	MIAMI, FL 33130
S	PUBILLONES , ARNALDO	10020 SW 37TH TERRACE	MIAMI, FL 33165
T	NUÑEZ, ARSENIO	8901 SW 5TH LANE	MIAMI, FL 33174
D	REMON, MIGUEL I.	401 OCEAN DRIVE UNIT 524	MIAMI BEACH, FL 33139

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: MIGUEL I. REMON 06/16/05 305-978-4737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #