

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767125

1. Corporation Name

Municipio de Holguin En El Exilio, Oriente, Cuba, Inc.
Municipality of Holguin In Exile, Oriente, Cuba, Inc.

Principal Place of Business

Mailing Address

90 Emilio Ochoa
3300 S. Dixie Highway #506
Miami FL 33133

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

2. New Principal Office Address, If Applicable

90 Emilio Ochoa
Suite, Apt. #, etc.
3300 S. Dixie Hwy #506

City & State
Miami FL

Zip **33133** *Country* **USA**

3. New Mailing Office Address, If Applicable

90 Emilio Ochoa
Suite, Apt. #, etc.
3300 S. Dixie Hwy #506

City & State
Miami FL

Zip **33133** *Country* **USA**

4. Date Incorporated or Qualified To Do Business in Florida

2-23-83

5. FEI Number

26-5844453

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<i>P-D Pres</i>	<i>Ochoa, Onelia</i>	<i>3020 NW 16 Street</i>	<i>Miami FL 33125</i>
<i>Vice Pres</i>	<i>Masterferrer, Rodolfo</i>	<i>11106 SW 70 Terrace</i>	<i>Miami FL 33173</i>
<i>Secy</i>	<i>Rojas, Luis Felipe</i>	<i>6775 SW 27 Street</i>	<i>Miami FL 33155</i>
<i>Treas</i>	<i>Fuentes Roca, Leopoldo</i>	<i>2975 SW 79 Avenue</i>	<i>Miami FL 33155</i>
<i>Vice Treas</i>	<i>Paseiro, Andres</i>	<i>1901 SW 131 Place</i>	<i>Miami FL 33175</i>
<i>Dir.</i>	<i>Ochoa, Emilio</i>	<i>3300 S. Dixie Highway #506</i>	<i>Miami FL 33133</i>

8. Name and Address of Current Registered Agent

Emilio Ochoa
3300 S. Dixie Highway #506
Miami FL 33133

9. Name and Address of New Registered Agent

Name *Emilio Ochoa*
Street Address (P.O. Box Number is Not Acceptable) *3300 S. Dixie Highway #506*
Suite, Apt. #, Etc. *#506*
City *Miami* *State* **FL** *Zip Code* **33133**

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.

Signature of Registered Agent

Emilio Ochoa
Emilio Ochoa, Registered Agent

Date *2/21/97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

Emilio Ochoa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Emilio Ochoa, Director

Date

2/21/97

Daytime Phone #

(305) 442-2703

APPROVED
AND
FILED

97 MAR 10 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****490.00 ****490.00

REINSTATEMENT *93-97*

A. M. M.
3/10/97

CR2E040 (12/96)