1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 09 AM 9:40

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000006137

1. Corporation Name
CUBA LIBERTAD, INC.

REINSTATEMENT 04-06

CR2E081 (8/05)
12/9/05 01049 002 306.25

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 2020 Pennsylvania Ave., N.W. | 2020 Pennsylvania Ave., N.W. |
| Suite, Apt. #, etc.: #927 | Suite, Apt. #, etc.: #927 |
| City & State: Washington, D.C. | City & State: Washington, D.C. |
| Zip: 20006 Country: USA | Zip: 20006 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 09/01/2000

5. FEI Number: 542003332 ☐ 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: Eduardo R. Arista, Esq.
Street Address (P.O. Box Number is Not Acceptable): 2655 LeJeune Road
Suite, Apt. #, Etc.: 5th Floor
City: Coral Gables State: FL Zip Code: 33134

8. Having been 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: 11/28/05
REGISTERED AGENT MUST SIGN

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

| Status | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| [ ] S, | Mauricio Claver-Carone | 2501 M St, NW #608, | Washington, DC 20037 |
| [ ] P | Gus Machado | 1200 W. 49th St. | Hialeah, FL 33012 |
| [ ] | Juan Fernandez | 8130 SW 89 Court, | Miami, FL 33173 |
| | | | |
| | | | |
| | | | |

10. I certify that I am an officer or director of 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: ✓ 11/30/05 (240) 441-8345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/18

2/2

January 9, 2006

Mr. Andy Dunlap
Florida Department of Revenue
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Reinstatement of Cubalibertad, Inc.
Ref. Number: F01000006137

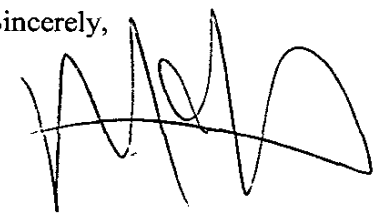
Dear Mr. Dunlap:

Enclosed please find a copy of your Letter Number 005A00073376, along with the Reinstatement Form. As discussed, we did not receive the Annual Report Notice in 2004.

Please adjust your records accordingly and process our reinstatement as soon as possible.

Thanking you in advance for your assistance.

Sincerely,



Mauricio Claver Carone