

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 26 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006137

1. Corporation Name

Cuba Democracy Public Advocacy Council, Inc.

2. Principal Office Address - No P.O. Box #

2020 Pennsylvania Avenue, N.W.

Suite, Apt. #, etc.

#927

City & State

Washington, D.C.

Zip

20006

Country

USA

3. Mailing Office Address

2020 Pennsylvania Avenue, N.W.

Suite, Apt. #, etc.

#927

City & State

Washington, D.C.

Zip

20006

Country

USA

400171654044
03/26/10--01040--014 **61.25
400171654044
03/09/10--01018--002 **122.50

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida 11/29/2001

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 South Le Jeune Road, 5th Floor

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

☒ 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

REGISTERED AGENT MUST SIGN

Date

1/19/10

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
DS	Claver-Carone, Mauricio	2501 M Street, N.W. #608	Washington, D.C. 20037
DP	Lopez, Alain	1875 Pennsylvania Ave, NW #927	Washington, D.C. 20006
D	Castro, Pedro	15520 Arabian Way	Montverde, FL 34756

10. E-mail Address: Mauriciojcc@Msn.com

(To be used for future annual report notification)

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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29

3/2/10

240-441-8345