

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -2 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N000000001027

1. Corporation Name

New Generation Cuba

2. Principal Office Address

1036 NW. 32 PL.

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33125

Country

United States

3. Mailing Office Address

P.O. Box 347673

Suite, Apt. #, etc.

City & State

Coral Gables, FL.

Zip

33234

Country

United States

4. Date Incorporated or Qualified  
To Do Business in Florida

2-16/2000

5. FEI Number

562291053

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

Bettina Rodriguez Aguilera

Street Address (P.O. Box Number is Not Acceptable)

1036 N.W. 32 PL.

Suite, Apt. #, Etc.

300017874043

05/02/03-01033-013 #48.25

City

Miami

State

FL

Zip Code

33125

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

**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
P	Bettina Rodriguez Aguilera	1036 N.W. 32 PL.	Miami, FL. 33125
VP	Armando FANA	3608 W. Bell Dr.	Davie, FL. 33328
D	Betty Inclan	1036 N.W. 32 PL.	Miami, FL. 33125
D	Carlos Miranda	8338 N.W. 7th. Apt. 183	Miami, FL. 33126
D	Juan A. Rodriguez	636 S.W. 33rd. Ave	Miami, FL. 33125
D	Maria Teresa Arqueles	3840 S.W. 45th.	Miami, FL. 33125

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

305-491-5884

Daytime Phone #

D Yamil Martel 120 SW 17th. MIAMI, FL

Delete

CR2E081 (10/02)