

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 11 AM 8:25

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *NO0000001644*

1. Corporation Name

CUBAN AMERICAN BANKERS ASSOCIATION, INC.

2. Principal Office Address

N/A

3. Mailing Office Address

P.O. Box 140926

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL GABLES FL

Zip

Country

Zip

Country

33114-0926 Florida

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/2000

5. FEI Number

☒ 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

VICTOR LOPEZ DE MENDOZA

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

101 SW 127 Ave

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33184

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]

Date

4/4/06

REGISTERED AGENT MUST SIGN

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
Pres.	<i>Victor Lopez de Mendoza</i>	<i>101 SW 127 Ave</i>	<i>Miami, FL 33184</i>
EX-PRES	<i>Antonio S. Caula</i>	<i>1800 S.W. 104 Ave</i>	<i>Miami FL 33184</i>
EX-P.	<i>Silvio Santana</i>	<i>1515 MADRID ST.</i>	<i>CORAL GABLES, FL 33134</i>
			<i>100070467991</i>
			<i>04/14/06-01094-008 **542.50</i>
			<i>[Signature]</i>

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 contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR LOPEZ DE MENDOZA

Date

4/4/06

Daytime Phone #

305-663-8183