

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR -4 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N00000008222*

1. Corporation Name

CUMBRE PATRIOTICA DEL PRESIDIO POLITICO CUBANO, INC.

2. Principal Office Address

1177 NW 105 TERRA

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33150

Country

DADE County.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-13-2000

5. FEI Number

65-1061454

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

SERVILIO PEREZ

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

1177 NW, 105 TERRA

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33150

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

SERVILIO PEREZ

REGISTERED AGENT MUST SIGN

Date *4/1/2002*

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
D	<i>SERVILIO PEREZ</i>	<i>1177 NW, 105 TERRA</i>	<i>MIAMI FL 33150</i>
D	<i>FELIPE HERNANDEZ</i>	<i>1177 NW 105 TERRA</i>	<i>MIAMI FL 33150</i>
T	<i>RODOLFO MAZO</i>	<i>464 E. 46 ST.</i>	<i>HALEAH FL 33013</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 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:

SERVILIO PEREZ

4/1/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #