

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 29 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO10000006463**

1. Corporation Name

Partido Renovación Nacional Cubano, INC

2. Principal Office Address

1401 W. Flagler Street

Suite, Apt. #, etc.

201-A

City & State

Miami FLA

Zip

33135-2254

Country

USA

3. Mailing Office Address

1401 W. Flagler Street

Suite, Apt. #, etc.

201-A

City & State

Miami FLA

Zip

33135-2254

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

54-2146889

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VICTOR L. SIERRA

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

1401 W. FLAGLER STREET

Suite, Apt. #, Etc.

201-A

City

MIAMI

State

FL

Zip Code

33135-2254

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

X Victor L. Sierra

REGISTERED AGENT MUST SIGN

Date

07/06/04

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
Vice Pres	Luis Arroyo	9375 Fountainblue Blvd apt 111	MIA FL 33172
Secretary	Idalberto Reyes	918 S.W. 9 Ave	MIA, FL 33128
Treasurer	Cristino Rodriguez	5249 NW 7 Street apt #000	MIA. FL 33126
Director	Victor L. Sierra	1401 W. Flagler St 201-A	MIA FL 33135

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: **X Victor L. Sierra**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/06/04

Date

Daytime Phone #

786 267-2908

CR2E081 (07/04)