

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
04 MAY 20 AM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO 2000001982**

1. Corporation Name

PROYECTO CUBA, INC.

2. Principal Office Address

14232 S.W. 21 TERR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

33175

Country

U.S.A

Zip

Country

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

3-19-02

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

5/5/03 90226 025 61.25

7. Name and Address of Current Registered Agent

Name

ANTONIO CALATAYUD

100037437611

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

14232 S.W. 21 TERR.

06/01/04--01022--006 **131.35

Suite, Apt. #, Etc.

City

MIAMI, FL.

State

FL

Zip Code

33175

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

Antonio Calatayud
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-D	ANTONIO CALATAYUD	14232 S.W. 21 TERR.	MIAMI, FL. 33175
VP-D	BRUNO BARREIRO	1454 S.W. 1st.	MIAMI, FL 33135
S-D	RENE SANTAMARIA	300 S.W. 107 AVE	MIAMI, FL 33174
T-D	RAUL PINTADO	11	11

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

05-19-04

Date

Daytime Phone #

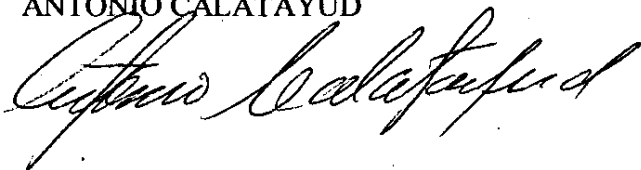
CR2E081 (9/00)

FLORIDA DEPT. OF STATE
ANNUAL REPORT DEPT.
REF:N02000001982

I'M SENDING THIS LETTER TO INFORM YOUR OFFICE THAT I NEVER
RECEIVED MY ANNUAL REPORT. PLEASE NOTE THAT I CONTACTED YOUR
OFFICE TO CHANGE ADDRESS BUT YOUR OFFICE NEVER CHANGED IT. I
THANK YOU FOR CONSIDERING MY PETITION OF WAIVING THE LATE FEE.

THANKING YOU IN ADVANCE,

ANTONIO CALATAYUD

A handwritten signature in cursive script, appearing to read "Antonio Calatayud", written in dark ink.