

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 30 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000002194

1. Corporation Name

FRIENDS OF LITTLE HAVANA, INC.
W09-12597

2. Principal Office Address - No P.O. Box #

1646 S.W. 8th ST.

Suite, Apt. #, etc.

3. Mailing Office Address

1646 SW 8th ST.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33135

Country

USA

City & State

Miami, FL

Zip

33135

Country

USA

300154480353
04/30/09--01022--023 **61.25

300154480353
02/10/09 01056 010 1183.75

4. Date Incorporated or Qualified
To Do Business in Florida

3/26/02

5. FEI Number

16-1625075

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

RAUL CREMATA

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

1646 SW 8th ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33135

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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]

REGISTERED AGENT MUST SIGN

Date 7/1/08

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
CD	RAUL CREMATA	1581 Brickell Ave Apt 106	Miami, FL 33129
VLD	MANUEL GOMEZ	2007 SW 131 PL CT	Miami, FL 33175
TD	Ralph Duarte	742 SW 16 Ave	Miami, FL 33135
SD	Cristina Urdaneta	742 SW 16 Ave.	Miami, FL 33135
REINSTATEMENT RH 3/16/08 01056-00 183.75			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

7/1/08

Daytime Phone #

(305) 300-0069