PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N02000008312

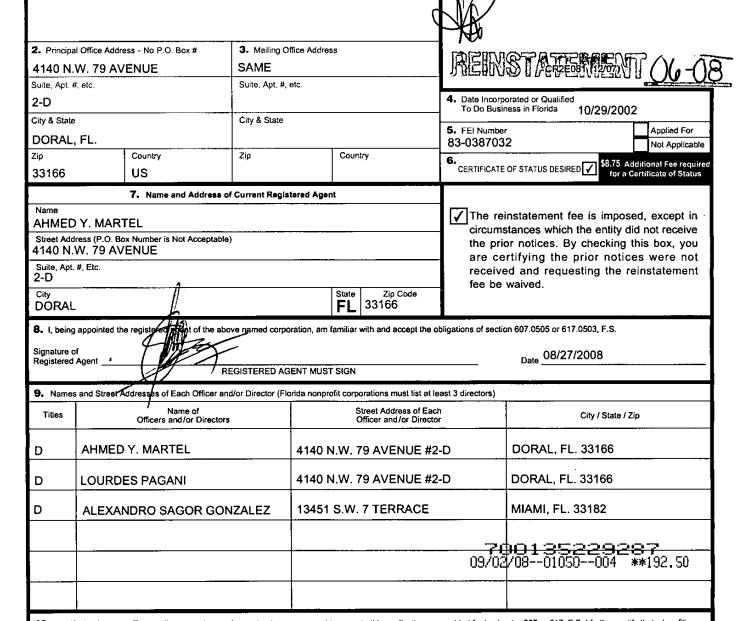
1. Corporation Name

NET FOR CUBA INTERNATIONAL, INC.

FILED

08 SEP -3 AM 10: 57

SECRETARY US STATE TALLAHASSEE, FLORIDA



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

AHMED Y. MARTEL

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/27/2008

305-302-8418

Date

Daytime Phone #