

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.

2. Principal Office Address

222 S.W. 17th Court

Suite, Apt. #, etc.

Apt. #24

City & State

Miami, FL.

Zip

33135

Country

USA

3. Mailing Office Address

222 S.W. 17th Court

Suite, Apt. #, etc.

Apt. #24

City & State

Miami, FL.

Zip

33135

Country

USA

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

10/29/2002

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2003

7. Name and Address of Current Registered Agent

Name

Ahmed Y. Martel

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

222 S.W. 17th Court

Suite, Apt. #, Etc.

Apt. #24

City

Miami

State
FL

Zip Code
33135

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

REGISTERED AGENT MUST SIGN

Date 10/11/2003

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	Ahmed Y. Martel	222 S.W. 17th Court Apt. #24	Miami, FL. 33135
D	Lourdes Pagani	222 S.W. 17th Court Apt. #24	Miami, FL. 33135
D	Juan Carlos Acosta	8532 S.W. 8th Street, Suite 290	Miami, FL. 33144

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:

Ahmed Y. Martel

10/11/2003 305-302-8418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (10/02)