

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000007732

1. Corporation Name

Asociacion Cultural Jose Marti USA Inc

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

1360 SW 16th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33145

Country

US

3. Mailing Office Address

P O Box 452433

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33245

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/2006

5. FEI Number

20-5277056

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

Equal Services c/o Frank De La paz

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

3901 NW 79th Ave

Suite, Apt. #, Etc.

251

City

Doral

State

FL

Zip Code

33166

☒ 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.

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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 12/22/2008

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
PSD	Jose Lopez	1360 SW 16th Street	Miami FL 33145
D	Mairin Lopez	1360 SW 16th Street	Miami FL 33145
D	Fernando Real	1360 SW 16th Street	Miami FL 33145
D	Luis R Egusquiza	1360 SW 16th Street	Miami FL 33145
D	Federico Montalvo	1360 SW 16th Street	Miami FL 33145

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

12/22/2008

Date

Daytime Phone #

FILED

2008 DEC 24 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (10/08)

REINSTATEMENT
07-08