

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL 15 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 38249*

1. Corporation Name

CUBAN HUMANITARIAN RELIEF AGENCY INC.

Principal Place of Business

Mailing Address

*1401 West Flagler Street Suite #210
MIAMI - FLORIDA 33135.*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05-20-90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0192670

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P/T	MARIA A. GILMORE	4825 NW 196 Terr	MIAMI, FLORIDA 33055
D/V	LAZARA GONZALEZ	4835 NW 196 TERR	MIAMI, FLORIDA 33055
D/S	MAGALYS ORENA BAQUET	19600 NW 48 CT	MIAMI, FLORIDA 33055
D/M	ROBERT GILMORE	4825 NW 196 TERRACE	MIAMI, FLORIDA 33055

REINSTATEMENT *93-98*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARIA A GILMORE

*1401 West Flagler St #210
MIAMI - FLA 33135.*

Name

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

900002594139--5

Suite, Apt. #, Etc.

-07721798--01070--012

City

*****542.50*

*****542.50*

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Maria A. Gilmore

REGISTERED AGENT MUST SIGN

Date *7-02-98*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Maria A. Gilmore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/98 (305) 6426455
Date Daytime Phone #

CR2E040 (12/96)