

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY 13 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N92000000565

**1. Corporation Name**

HOGAR DE TRANSITO PARA REFUGIADOS CUBANOS, INC.

**2. Principal Office Address**

4530 NW 7 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33126

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

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

11/30/92

**5. FEI Number**

65-0378825

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

ARTURO COBO

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

4530 NW 7 STREET

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33126

900005610269-3  
05/24/02 01044-021  
\*\*\*\*481.25 \*\*\*\*481.25

**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 5/10/02

**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
P-D	ARTURO COBO	8940 SW 61 COURT	MIAMI, FL 33156
D	TOMAS GARCIA-FUSTE	970 NORTH ROYAL POINCIANA	MIAMI SPRINGS, FL 33166
D	ANGEL ZAYON	525 DESOTO DRIVE	MIAMI SPRINGS, FL 33166

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/02

Date

(305) 796-6819

Daytime Phone #

CR2E081 (9-99)