

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
96 NOV -1 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001157**

1. Corporation Name
**CUBAN-AMERICAN QUARTER HORSE & PLEASURE RIDING
ASSOCIATION, INC.**

Principal Place of Business 9801 SW 9TH TERR. MIAMI FL 33174 US	Mailing Address P. O. BOX 83124 MIAMI FL 33283 US
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REINSTATEMENT *96*

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 03/02/1993	
Suite, Apt. #, etc. <i>N/A</i>		Suite, Apt. #, etc.		5. FEI Number 65-0455080	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ABELLA, RUBEN	9801 SW 9TH TERRACE	MIAMI FL 700002000167--6
S/D	BOVEDA, TANIA	6600 S.W. 122ND AVE.	MIAMI FL 11/08/96-81831-813 ***245.00 ***245.00
S	CARRASCO, MIRIAM	11213 S.W. 125TH CT.	MIAMI FL
D	FEBLES, DIONISIO	901 E. 27TH ST.	HALEAH FL
T/D	HERNENDEZ, JORGE J	4650 SW 127 PLACE	MIAMI FL
V/D	TRIANA, HUMBERTO	1345 SW 48 TERR	MIAMI FL <i>10/11-4-96</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ABELLA, RUBEN 9801 SW 9TH TERRACE MIAMI FL 33174		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc. <i>N/A</i>	
		City	
		State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.
Signature of Registered Agent *[Signature]* **REQUIRED** Date **10/29/96**
REGISTERED AGENT MUST SIGN

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: *[Signature]* **REQUIRED** Date **10/29/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #