

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 19 PM 4:59

DOCUMENT # N93000004646

1. Corporation Name

CUBAN-AMERICAN ENDOWMENT FOR THE ARTS, INC.

Principal Place of Business

Mailing Address

~~4206 AGUANA STREET~~
CORAL GABLES FL 33146
US

44 NW 85 Ct
Miami, FL
33126

~~4206 AGUANA ST.~~
CORAL GABLES FL 33146
US

44 NW 85 Ct
Miami, FL
33126



REINSTATEMENT 01

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1993

5. FEI Number

65-0476263

Applied For

Not Applicable

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 3	City / State / Zip 4
PD	CALLAVA, TERESA	44 NW 85 CT	MIAMI FL 33126
SD	MARTINEZ-FRAGA, PEDRO	7300 SW 12 TERR	MIAMI FL 33156
TD	SANCHEZ, JUAN T	9359 FOUNTAINBLEAU BLVD F-404	MIAMI FL 33172
			7000004703337--1 -12/04/01--01013--008 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~WIANA, ENRIQUE
4206 AGUANA STREET
CORAL GABLES FL 33146~~

Name

TERESA CALLAVA

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

44 N.W. 85 COURT

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/11/01

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/01 (305) 543-4969

CR2E040 (801)