PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 MAR -8 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002390

1. Corporation Name

CUBANOS CON FE EN ACCION INC.

REINSTATEMENT 00-01

Principal Place of Business	Mailing Address
1633 W FLAGLER ST 1633 MIAMI FL US	15022 ROYAL PALM COURT MIAMI LAKES FL 33014 US

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: 04/25/1994

5. FEI Number: 65-0492474 ☐ 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
TS	ANDRADE, ARTURO	13233 S.W. 86TH TERRACE	MIAMI FL 33183
TT	~~PEREZ-CRESPO, NANCY~~ Orlando Valdes.	~~4635 SW 69TH PL~~ 13960 NW 60 Ave. ~~15022 Re~~	~~MIAMI FL 33185~~ Miami Lakes Fla 33014
TP	VALDES, ALBERTO	15022 ROYAL PALM COURT	MIAMI LAKES FL 33014
AS	GUTIERREZ, RENALDY J	601 BRICKELL KEY DRIVE, STE 501	MIAMI FL 33131
			100003924331--5 03/28/01 01068--005 ****297.50 ****297.50

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
VALDES, ALBERTO 15022 ROYAL PALM COURT MIAMI LAKES FL 33014	Name ~~Orlando~~ ~~Valdes~~. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/00)

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 REQUIRED — Date: 3/5/01
REGISTERED AGENT MUST SIGN

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 REQUIRED — 3/5/01 — 305-821-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #