

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 APR 12 PM 4:11

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002631

1. Corporation Name

ASOCIACION DE GANADEROS DE CUBA, INC.

Cross Reference Name:

ASSOCIATION OF CATTLEMEN OF CUBA, INC.

2. Principal Office Address

4600 SW 12TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33134-2715

Country

U.S.A.

3. Mailing Office Address

P.O. BOX 440946

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33144-0946

Country

U.S.A.

REINSTATEMENT

01-05

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

06/07/1995

5. FEI Number

650588216

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 J. RIERA

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

4600 SW 12TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33134-2715

000052143320

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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

Arturo J. Riera

REGISTERED AGENT MUST SIGN

Date 04/11/2005

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 J. RIERA	4600 SW 12TH STREET	MIAMI, FL 33134
V/D	VLADIMIR A. CRUZ	6415 SW 127TH PLACE	MIAMI, FL 33183
V/D	LEOPOLDO AGUILERA JR.	5921 SW 95TH COURT	MIAMI, FL 33173
T/D	RAFAEL ROMAGUERA	325 SW 58TH AVENUE	MIAMI, FL 33144
S/D	ANGELY SECADA	13705 SW 13TH STREET	MIAMI, FL 33184

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

Arturo J. Riera

ARTURO J. RIERA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/2005

Date

305-446-2712

Daytime Phone #

CR2E081 (01/05)