

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003833**

1. Corporation Name

FUNDACION CAMBIO CUBANO, INC.

Principal Place of Business

**7844 SW 57 TERRACE
MIAMI FL 33143**

Mailing Address

**7844 SW 57 TERRACE
MIAMI FL 33143**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1995

5. FEI Number

65-0614613

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

03 SEP 22 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



600022759356
09/04/03--01057--008 **236.25

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	MENOYO, ELOY G	9600 SOUTHWEST 8TH STREET	MIAMI FL 33174
VD	FERNANDEZ, ROBERTO	9600 SOUTHWEST 8TH STREET	MIAMI FL 33174
STD	GUALLAR, EDDY	9600 SOUTHWEST 8TH STREET	MIAMI FL 33174

8. Name and Address of Current Registered Agent

**FERNANDEZ, ROBERTO
9600 S.W. 8TH ST. #28
2ND FLOOR
MIAMI FL 33174**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**Eloy Gutierrez Menoyo
7844 SW 57 Terrace
Miami
Miami FL 33143**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

8/11/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/11/03

Daytime Phone #

CR2E040 (8/02)