

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 FEB 13 PM 3: 57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N96000003522**

1. Corporation Name
CIRCLE OF SANTIAGO DE CUBA IN EXILE, INC.

Principal Place of Business Mailing Address

**8494 S.W. 8 Street
 Miami - FL 33144**

**400002433204--7
 -02/17/98--01092--001
 ***297.50 ***297.50**

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	
Suite, Apt. #, etc.		P.O. Box 44-1866		To Do Business in Florida	
City & State		City & State		5. FEI Number	
Miami - FL 33144		Miami - FL 33144		65-0799980	
Zip	Country	Zip	Country	Applied For	
331	USA	331	USA	Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

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
P/D	Rogelio GALANO JR.	4361 S.W. 2nd Terrace	Miami - FL 33134
S/D	Sofia Callejas	6996 NW 186 St. - Apt 211	Miami - FL 33115
V/P	MANUEL RODRIGUEZ	10201 SW 66 St	MIAMI, FLA 33173

REINSTATEMENT

97-980
 2/13/98

8. Name and Address of Current Registered Agent

**Sofia Callejas
 8494 S.W. 8 Street
 Miami - FL 33144**

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
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 607.0505, F.S.

Signature of Registered Agent **Sofia Callejas**
 REGISTERED AGENT MUST SIGN

Date **1/15/98**

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]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/15/98**
 Daytime Phone #

CR2E040 (12/96)