

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005084

1. Corporation Name

San Cristobal de la Habana Foundation, Inc.

2. Principal Office Address - No P.O. Box #

c/o Painewebber, Inc. 550 Biltmore Way

3. Mailing Office Address

c/o Painewebber, Inc. 550 Biltmore Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

7. Name and Address of Current Registered Agent

Name

Corporation Company of Miami

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

201 South Biscayne Blvd.

Suite, Apt. #, Etc.

1600 Miami Center

City

Miami

State

FL

Zip Code

33131

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

10/03/1996

5. FFL Number

650707219

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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**

Anthony J. Lynch
REGISTERED AGENT MUST SIGN

Date

11-07-07

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
D	Fanjul, Maria Cristina	550 Biltmore Way	Coral Gables, FL 33134
D	Salazar Margarita	550 Biltmore Way	Coral Gables, FL 33134
D	Delgado, Maria Dolores	550 Biltmore Way	Coral Gables, FL 33134
D	Orlansky, Beatriz	550 Biltmore Way	Coral Gables, FL 33134

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 contained in Chapter 119, 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:

Margarita Salazar Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-31-07

Daytime Phone #

FILED

2007 NOV -9 PM 4:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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REINSTATEMENT

CR2E081 (1/07)

02-07