

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N96000005711

1. Corporation Name

THE INSTITUTE FOR DEMOCRACY IN CUBA, INC.

Principal Place of Business

POST OFFICE BOX 112453
MIAMI FL 33311-2453

Mailing Address

POST OFFICE BOX 112453
MIAMI FL 33311-2453

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

11/07/1996

5. FEI Number

65-0716256

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)

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
D	SANCHEZ-ABALLI, RAFAEL	POST OFFICE BOX 112453	MIAMI FL 33311
D	SESIN, LEONARDO V	POST OFFICE BOX 112453	MIAMI FL 33311
D	HERNANDEZ-TRUJILLO, FRANCISCO	POST OFFICE BOX 112453	MIAMI FL 33311
			500002510785--0 -05/05/98--01057--006 *****175.00 *****175.00
			500002510785--0 -05/05/98--01057--007 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

SANCHEZ-ABALLI, RAFAEL
800 SO BISCAYNE BLVD. STE 800
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

500002510785--0

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

-05/05/98--01057--008
*****61.25 *****61.25

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonardo Viota Sesin

12-8-97 305-255-1414

Date

Daytime Phone #

FILED

98 APR 28 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

97-98
AD

CR2040 (8/97)