

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000120

1. Corporation Name

INSTITUTO DE ESTUDIOS CUBANOS. INC

2. Principal Office Address - No P.O. Box #
1545 BLUE ROAD

3. Mailing Office Address
1545 BLUE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL.

City & State
CORAL GABLES, FL.

Zip
33146

Country
USA

Zip
33146

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 01-08-1997

5. FEI Number
23-7372945

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
MARIA CRISTINA HERRERA

Street Address (P.O. Box Number is Not Acceptable)
1545 BLUE ROAD

Suite, Apt. #, Etc.

City
CORAL GABLES, FL.

State Zip Code
FL 33146

☐ 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.

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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

MCHerrera

REGISTERED AGENT MUST SIGN

Date 7-16-07

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
P	DAGOBERTO VALDES	1545 BLUE RD	MIAMI FL 33146
V	JUAN A. BLANCO	35 B FORESTER CR	OTTAWA K2H8Y3 ONTARIO CANADA
V	GERDO GONZALEZ	COND. JARDINES S. JENKID APT 1301B	SAN JUAN P.R. 00927
S	OSCAR VICIEDO	2125 W 52 ST #105	MIAMI FL 33016
T	CARLOS SOTUYO	8927 NW 111 TER	MIAMI FL 33018

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:

MCHerrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-07 (786) 291 2306

Date Daytime Phone #