

JAN 1999 13:04

EMPIRE CORP
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

305 541 3770 P.03/03

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # N 97 000001097

1. Corporation Name

HUMAN RIGHTS IN CUBA, INC.

Principal Place of Business

Mailing Address

5101 COLLINS AVE
SUITE 3R
MIAMI BEACH FL 331405101 COLLINS AVE
SUITE 3R
MIAMI BEACH FL 33140

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

2. New Principal Office Address, if Applicable

2298 SW 8 ST

3. New Mailing Office Address, if Applicable

2298 SW 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33135

USA

Zip

33135

USA

REINSTATEMENT 98-99

4. Date Incorporated or Qualified
To Do Business in Florida

2/26/97

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐3075 Application Fee Required
If Not Applicable, Fee Not Required

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	CUADRA, ANGEL	5341 SW 5 TERR	MIAMI FL 33013
D	DOLGICER GISELA	14910 SW 39 ST	MIAMI FL 33184
D	FARBER SAMUEL	296 DE GRAW ST	BROOKLYN NY 11231
D	PRINCE JOSE S.	81-43 255 ST	FLORAL PARK NY 11004
D	CASTILLO, SIRO D.	2250 SW 3RD AVE #201	MIAMI FL 33129
D	RODRIGUEZ AMADO	2250 SW 3RD AVE #201	MIAMI FL 33129

8. Name and Address of Current Registered Agent

ALLEN WILFREDO O.
2250 SW 3RD AVE # 201
MIAMI FL 33129

9. Name and Address of New Registered Agent

Name COSME DE LA TORRIENTE PA
Street Address (P.O. Box Number is Not Acceptable)
155 SW 25 ROAD
Suite, Apt. #, Etc.
City MIAMI FL State FL Zip Code 33129

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/15/99

11. This corporation owes 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
GISELA DOLGICER - DIRECTOR

000002756580--B
-01/27/99--01072--007
1/15/99 305 541 3770 631 0192 25
Date Expiration Date

TOTAL P.03