## 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 # N9700005112

1. Corporation Name

## INSTITUTO CUBANO DE ECONOMISTAS INDEPENDIENTES, CORP.

FILED 99 JAN 15 PM 1:05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailin		Mailing Addr	Address				
1403 ALHAMBRA CIRCLE		1403 ALHAMBRA CIRCLE					
CORAL GABLES FL 33134		CORAL GABLES FL 33134					
If above addresses are incorrect in any way, line through incorrect information and enter correction below,					REINSTATEMENT & M		
New Principal Office Address, If Applicable		New Mailing Office Address, If		Applicable	Date Incorp     To Do Busir	orated or Qualified ness in Florida	09/10/1997
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_ `	5. FEI Number	NA	Applied For
City & State		City & State			OF EAS	WALCOOK .	Not Applicable
Zip	Country	Zip	Country	у	6. CERTIFICATE	E 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)							
Title(s)	Name of Officers Title(s) and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numb			Cit	y / State / Zip
D			1403 ALHAMBRA CIRCLE		inibers,	CORAL GABLES FL 33134	
D	ALONSO, ALICIA		1403 ALHAMBRA CIRCLE		<u></u>	CORAL GABLES FL 33134	
D	SANCHEZ, MANUEL		1403 ALHAMBRA CIRCLE			CORAL GABLES FL	. 33134
				,		000027: -01/21/3: ****236. 000027: -01/21/9:	.25 ****236.25 <del>50782776</del>
				<del>,</del>		******1.	25 ***** 25
8. Name and Address of Current Registered Agent Name					Name and Address of New Registered Agen		
MONTANER, MARLENE C				Name -			
2259, SW THIRD AVENUE SUITE 202				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33129				Suite, Apt. #, Etc.			
1				City State Zip Code FL			
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 Page 12-24-99  REGISTERED AGENT MUST SIGN  Date 12-24-99							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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 filling 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.							