

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -7 PM 1:05

DOCUMENT # N48000001092

1. Corporation Name

CLUB CUBANECCO, INC.

2. Principal Office Address

7175 SW 8TH ST.

Suite, Apt. #, etc.

213 / 214

City & State

MIAMI, FL

Zip

33144

Country

USA

3. Mailing Office Address

7175 SW 8TH ST.

Suite, Apt. #, etc.

213 / 214

City & State

MIAMI, FL

Zip

33144

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0838776

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

CALIXTO CAMPOS CORONA

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

7175 SW 8TH ST.

Suite, Apt. #, Etc.

213 / 214

City

MIAMI

State

FL

Zip Code

33144

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

Calixto Campos Corona

REGISTERED AGENT MUST SIGN

Date 12/4/00

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	CALIXTO CAMPOS CORONA	205 SW TAMiami CANAL RD	MIAMI, FL 33144
D	RENE L. DIAZ	350 TAMiami BLVD	MIAMI, FL 33144
D	MANUEL ASSEF	4711 S.E. 5TH TERR	MIAMI, 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 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:

Calixto Campos Corona

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/00

Date

305-262-6050

Daytime Phone #

CR2E081 (9/99)