

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 DEC 31 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N98000003633

**1. Corporation Name**

FEDERACION NACIONAL DE TRABAJADORES  
AZUCAREROS DE CUBA INC.

**2. Principal Office Address**

380 E. 35 St. Apt.10

Suite, Apt. #, etc.

Apt. # 10

City & State

HIALEAH, FL.

Zip

33013

Country

U.S.A.

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

99-01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0849530

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

JOSE COSTA

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

380 E. 35 Street

Suite, Apt. #, Etc.

Apt. #10

City

HIALEAH

State

FL

Zip Code

33013

000004794850-0

01/24/02 01079 017

\*\*\*\*297.50 \*\*\*\*297.50

**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

*Jose Costa*  
JOSE COSTA

REGISTERED AGENT MUST SIGN

Date 12/27/01

**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	FALCON, PRISCILIANO	935 S.W. 30th AVE.	MIAMI, FL. 33135
D-S	COSTA, JOSE A.	380 E. 35 St. Apt.10	HIALEAH, FL. 33013
D	NARANJO, RAFAEL	2330 N.W. 9th St. Apt.13	MIAMI, FL. 331055

9/21/99 90024/09 \$61.25

**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:**

*Jose Costa*  
JOSE COSTA / DIRECTOR & SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/01 (305) 442 0323

Daytime Phone #

CR2E081 (9/00)