

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

99AR

FILED

99 OCT 20 AM 9:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N98000006514

1. Corporation Name

CONFEDERACION DE TRABAJADORES DEMOCRATICOS DE CUBA, INC.

Principal Place of Business

Mailing Address

1528 NW 3RD ST. APT NO. 12
 MIAMI FL 33125

1528 NW 3RD ST. APT NO. 12
 MIAMI FL 33125



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/12/1998	
City & State		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	GUILLEN, JUAN G	1528 NW 3RD SST, APT NO. 12	MIAMI FL 33125
VTD	GUZMAN, QUINTILIO	1528 NW 3RD SST, APT NO. 12	MIAMI FL 33125
SD	MORA, MARIO F	1528 NW 3RD SST, APT NO. 12	MIAMI FL 33125

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUZMAN, QUINTILIO
 1528 NW 3RD SST, APT NO. 12
 MIAMI FL 33125

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
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 _____ Date _____
 REGISTERED AGENT MUST SIGN

11. 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: Q. Guzman REGISTERED AGENT MUST SIGN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/99 Date (205) 631-1825 Daytime Phone #

08/12/99 90006 033 6125

October 18, 1999

To whom it may concern: 2

As per our telephone conversation, we never received any correspondence from your office. The only thing that we received was the application for Reinstatement which we are including at this time.

Please be informed that you have already deposited our check for \$61.25. and the only thing that was missing is the annual report form enclosed.

Thank you very much

R. Guzmán