PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPOR	
OCUME Corporation Na	
Confede	eracion '

11	REINSTATEMENT REINSTATEMENT Secretary of State Division of Corporations					03 DEC 10 AM 9: 11 TALLAHASSEE, FLORIDA			
1. Corpor	UMENT #		1006514			,, ,,=			
Cor	rfederac	ion De Trat	sajadore!	s Democrati	cos				
De Cuba, Inc.					III	0002553 6/03-01044-4	29269 042 **61	.25	
l ·			3. Mailing Office	Address	STAN	STATEM		02-03	
Suite, Apt.	22 SW	2 57.	Suite, Apt. #, etc.			00 11209 00°	7 \$614	25	
, Suite, Apt.	#, etc. Pp+ 1	•	Suite, Apt. #, etc.		4. Date Inc	corporated or Qualified	THE THE PARTY OF T		
City & State	_	Florida	City & State		5. FEI Num	nber 5-099397		Applied For Not Applicable	
Zip 33 /		ountry USPA	Zip	Country	6. CERTIFICA	ATE OF STATUS DESIRED	\$8.75 Addi	lional Regregative	
<u> </u>		and the second s	7. Nam	e and Address of Current F	Registered Agent				
Name Quintilio Juzman									
Street Address (P.O. Box Number is Not Acceptable)									
922 5w 2 5 7 Suite, Apt. #, Etc. Apt. I									
	City	Mismi				State Zip Cod	de 3/30		
8. I, being	appointed the rec	istered agent of the abov	e named corporation	n, am familiar with and acce	pt the obligations of se	ection 607.0505 or 617.0	503, F.S.		
Signature o Registered	of Agent U	uzman:	GISTERED AGENT	MUST SIGN	·	Date	12/04	/ ø 3	
9. Names	and Street Addre	sses of Each Officer and/	or Director (Florida	nonprofit corporations must	list at least 3 directors))			
Titles	c	Name of Officers and/or Directors		Street Address Officer and/or	Director		City / State / Zip		
PD	9011	len, duan.	9	9225W Hirmi, F	2 nt, apt 1 =/ 33130	Mian	11, F/3	7/30	
	900	nan. Oun	6/10		a . L = 1 + 1	1 11.50		27/3	

Fernandez-Mora, Nario 50 Rodriguez. Aragon, Roberto 935 SW 24 Road VD

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 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.

SIG	NΑ	·ΤU	RE:	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

December 4, 2003

Mr. Sean Toner Senior Section Administrator Florida Department of State Secretary of State Division of Corporations

Subject: CONFEDERACION DE TRABAJADORES DEMOCRATICOS DE CUBA,

INC

Ref. Number: N98000006514

Dear Mr. Toner:

This letter is the explanatory attachment letter requested by you related to a copy of the report for corrections sent to us on June 6, 2002.

In your letter dated November 20, 2003 with number letter 503A00063116, you state that our report received by you on June 03,2002 a designated registered agent did not appear. Even though we never received the above-mentioned copy of the report for corrections, we are attaching this required letter to waive the \$175.00 reinstatement fee, a copy of that report where the printed name and signature of the designated registered agent appears, and the receipt of that report acknowledged by you.

Also enclosed is a check payable to Secretary of State, Corporate Division and the Corporation Reinstatement form duly completed.

Sincerely

Quintilio Guzman Registered Agent