

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 26 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 37 995

1. Corporation Name

CASA CUBA. COM. INC.

800009220648
11/26/02--01030--010 **158.75

2. Principal Office Address

2751 SW 27th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

2751 S.W. 27th Avenue

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI, FLORIDA

Zip

33133

Country

U.S.A.

Zip

33133

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04-14-2000

5. FEI Number

650-37-2121

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

FELIX SUAREZ

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

2751 S.W. 27th Avenue

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

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

Felix Suarez

REGISTERED AGENT MUST SIGN

Date 11-22-02

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
PD	FELIX SUAREZ	3690 S.W. 23 ST.	MIAMI, FL 33133

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-22-02

Daytime Phone #

786-306
9047

CR25081 (9/01)

Casa Cuba.com Inc.
2751 S.W. 27th Avenue
Miami, Florida 33133

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399


Re: Reinstatement of Corporation , letter to request waiver of fee

Dear Sirs:

As we spoke on the phone , we respectfully request that the fee for reinstatement of Corporation be waived due to the fact that we have never received any pertinent correspondence to our address , because the right address is 2751 S.W. 27th Avenue instead of the one you have recorded (2749 S.W. 27th Avenue).

We are including check for \$158.75 which includes for certificate of status.

Sincerely ,


Casa Cuba.com Inc
Felix Suarez
President