

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 15 PH 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 800000114703

1. Corporation Name

CUBIC ENTERPRISES INC

2. Principal Office Address

5680 NW 163 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33014

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

33014

Country

DADE

REINSTATEMENT 03

2000005182282
12/15/03--01010--001 **175.00

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

12/00

5. FEI Number

65-1074689

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

SANDRA NOVO

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

18300 NW 79 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

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

Sandra Novo

Date

12/12/03

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------|
| P | SANDRA NOVO | 18300 NW 79 CT | MIAMI, FL. 33015 |
| VP/SEC | LINO L. NOVO | 18300 NW 79 CT | MIAMI, FL. 33015 |
| | | | |
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| | | | |

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:

Sandra Novo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/03 305-4747774

Daytime Phone #

CR2E081 (10/02)

CUBIC ENTERPRISES INC.

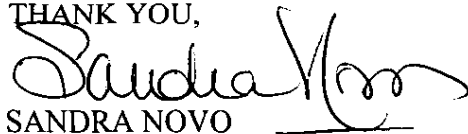
12/10/03

DEPT OF STATE
DIVISION OF CORPORATIONS
409 E GAINES STREET
TALLAHASSEE, FL. 32399

DEAR SIRs,

PLEASE WAVE THE REINSTATEMENT FEE FOR CUBIC ENTERPRISES
INC FEI # 65-1074689. IT WAS NEVER RECEIVED. OUR PREVIOUS
BOOKKEEPER DID NOT MAKE US AWARE THAT THIS FORM HAD NOT BEEN
RECEIVED. I HAVE ENCLOSED THE APPLICATION AND THE FILING FEE.

THANK YOU,


SANDRA NOVO

5680 NW 163 STREET MIAMI, FL. 33014
TEL. 305-474-7070 FAX 305-474-7742