PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					FILED 06 APR 21 PM 12: 31			
DOCUMENT # P01000046911 1. Corporation Name						SECRETART OF TALLAHASSEE, I	SIATE FLORIDA	
CUBAMBOO, INC.								
2. Principa 7200	Office Addre	TH ST	3. Malling Office Addre	g Office Address 0 NW 7TH ST		TATEMENT	12:18	
			SUITE 333		2 (24)11 4.4	orated or Qualified 5-10-20	001	
City & State	ИI, FL	LORIDA	City & State MIAMI, FLORIDA		5. FEI Number	····	✓ Applied For	
33126 ÜSA		² /33126	ŰŠA	6. CERTIFICATE		Not Applicable litional Fee required artificate of Status		
7. Name and Address of Current Registered Agent ORLANDO A. MENA State FL 333126 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 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 Street A Officers and/or Directors Officer					f Each			
PD	ORLANDO A. MENA 72			7200 NW 7TH ST-STE 333		MIAMI,FL 33126		
						000729470 01/0601004015		
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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 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 plames of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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: SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Date Daytime Phone #		

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TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVICED THAT I NEVER RECEIVED THE 2002, 2003, 2004 & 2005 ANNUAL REPORT NOTICE FROM YOUR OFFICE TO PAY THE ANNUAL FEES, I AM ALSO INCLUDING THE 2006 PAYMENT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

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PRESIDENT

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