PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
CORPORATION REINSTATEMENT			FILED 07 MAR 16 AM II: 25 ALTERSTE, FLORIDA				
DOCUMENT # PO1 0000 62938 1. Corporation Name						, FECRIDA	
MI TIEARA ANTI GUEDADES							
CUBANA, CORP. 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address				REINSTATEMENT 06-07			
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 4211 SW 75 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.				CR2E081 (1/07)			
				4. Date Incorporated or Qualified To Do Business in Florida 06(25(0)			
MAMI, FL.	City & State			5. FEI Number Applied For Applied For Not Applicable			
Zip 33155 BSA	Zip	Country		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name JORGE L SALAS				The reinstatement fee is imposed, except in			
Street Address (P.O. Box Number is Not Acceptable) 4211 S-W, 75 AVE				circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Suite, Apt. #, Etc.							
B. I, being appointer the register gragent 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 Agent Agent MUST SIGN 04/04/07-01044-012 **150.00							
9. Names and StreetAddresses 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 / Stote / Zin		
PTSD JORGE L. SA	<u>LAS 421</u>	1 S.W.	75	AVE.	MLAML, F	FL. 33155	
DR 3/20		 ()4,			200095809582 04/0701044011 **150.00		
F G							
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 discolution 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 date and the sames 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 the same legal effect as if made under oath.							
	INTED NAME OF SIGNING OF	FICER OR DIRECTOR	1		Date	Daytime Phone #	

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