

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



800024080218

10/24/03--01019--031 \*\*758.75

DOCUMENT # P02000067903

1. Corporation Name

HAVANA AMERICAN ROYALTIES CORP

Principal Place of Business

Mailing Address

2333 PONCE DE LEON  
308  
CORAL GABLES FL 33134

10355 NW 133 ST  
HIALEAH GARDENS FL 33018

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

126 aragon ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

coral gables FL

Zip 33134

Country USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/18/2002

5. FEI Number

371440977

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Leonardo Padron	10355 NW 133 ST	Hialeah gardens FL 33018
Vice President	Judith Padron	10355 NW 133 ST	Hialeah gardens FL 33018

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PADRON, JUDITH  
10355 NW 133 ST  
HIALEAH GARDENS FL 33018

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

JUDITH PADRON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-03 305-801-1887

Date

Daytime Phone #