

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN 14 PM 3:30

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000088133

1. Corporation Name Super Cuba Travel Inc.

100166205011
01/14/10--01044--012 **450.00

2. Principal Office Address - No P.O. Box #

5313 SW 127 Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

Same as principal office

Suite, Apt. #, etc.

City & State

Miami

City & State

Zip

Country

FL

33135

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/2002

5. FEI Number

550792697

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/09)

7. Name and Address of Current Registered Agent

Name

Alina Fraguela

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

5313 SW 127 Ct

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33135

☒ The reinstatement fee is imposed, except in 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.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/11/10

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
D	Alina Fraguela	5313 SW 127 Ct	Miami, FL 33135

REINSTATEMENT 08-10

10. E-mail Address: afraguela@live.com

(To be used for future annual report notification)

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. I further certify, 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

1/11/10

Date

786 374 7503

Daytime Phone #