

2005 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

05 OCT 11 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10062005 REIN-P CR2E098 (6/04)

DOCUMENT # P04000051218	
1. Entity Name CUBAN AMERICAN TRAVEL, INC.	



Principal Place of Business 6765 W FLAGLER ST MIAMI, FL 33144	Mailing Address 6765 W FLAGLER ST MIAMI, FL 33144
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2. Principal Place of Business 6750 W. Flagler ST Suite, Apt. #, etc.	3. Mailing Address 6750 W. Flagler ST Suite, Apt. #, etc.
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City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33144	Zip 33144
Country	Country

4. FEI Number 80-0102190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOPEZ, SAUL 6765 W FLAGLER ST MIAMI, FL 33144	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOPEZ, SAUL 6765 W FLAGLER ST MIAMI, FL 33144 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOPEZ, SAUL 6750 W. FLAGLER ST MIAMI, FL. 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2/28/05 90182 039 \$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAUL LOPEZ 10/6/05 786-388-7055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/2

October 6, 2005

Cuban American Travel, Inc.
6750 W. Flagler St
Miami, FL 33144

Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

RE Doc# P04000051218

To Whom It May Concern:

This is to inform you that I filed my annual report on time and with the payment. I recently received a notice of dissolution. I would like to explain that the annual report was sent to me because of my federal id number was missing. I then returned the annual report to you office and then I received this notice. I ask that you please check your records and reinstate my corporation since it was paid on time and filed on time. Enclosed please find copy of canceled check and reinstatement report.

If you have any questions please feel free to contact me 786-388-8055

Respectfully



Saul Lopez
President