

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000141052

1. Entity Name
CONSTITUCION CUBANA 1940 MIAMI, INC.



Principal Place of Business
9472 SW 154TH PLACE
MIAMI, FL 33196

Mailing Address
9472 SW 154TH PLACE
MIAMI, FL 33196

FILED

05 NOV 14 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10272005 REIN-P CR2E098 (6/04)

4. FEI Number

20-1748102

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, LUIS I
9472 SW 154TH PLACE
MIAMI, FL 33196

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GARCIA, LUIS I
STREET ADDRESS 9472 SW 154TH PLACE
CITY-ST-ZIP MIAMI, FL 33196

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME CARRILLO, FRANCISCO
STREET ADDRESS 9472 SW 154TH PLACE
CITY-ST-ZIP MIAMI, FL 33196

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CITY-ST-ZIP

☐ Change ☐ 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: *F Carrillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/05

Date

305-541-4319

Daytime Phone #