

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -6 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000156219

1. Corporation Name
Cuba International Liquors Corporation
2273 SW 16th Ct
Miami, FL 33145-3930

700148804737
04/06/09--01025--019 **900.00
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # D' Liquors at Brickell Suite, Apt. #, etc. 1200 Brickell Bay Dr #105 City & State Miami FL Zip 33131-3280		Country Miami-Dade		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
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4. Date Incorporated or Qualified To Do Business in Florida 11/28/05	
5. FEI Number 204213131	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: Julio C. Laurencio

Street Address (P.O. Box Number is Not Acceptable): 2273 SW 16 CT

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33145

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: Date: 4/02/09

REGISTERED AGENT MUST SIGN

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
DPTS	Julio C. Laurencio	2273 SW 16 CT	Miami FL 33145

REINSTATEMENT

RH

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 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 contained in Chapter 119, 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: Date: 4/02/09 786-364-3734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR