PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1997 MAY -6 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000003091e

1. Corporation Name
AmeriCa Cuba, Inc.

Principal Place of Business / Mailing Address
13525 S.W. 20th Terrace
Miami, Florida 33175

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 1/14/93

5. FEI Number 22-3229732 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
	schedule attached		

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-05/07/97--01080--001
***1245.00 ***1245.00

REINSTATEMENT 94-97 TBD 5/16/97

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
Tallahassee FLORIDA 32301

9. Name and Address of New Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32308

CR2E040 (12/96)

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.

Signature of Registered Agent: Karen B. Rozar — Karen B. Rozar, As Its Agent — Date: 5.6.97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: X
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

4/24/97
Date

(212) 554-9503
Daytime Phone #

AMERICACUBA
13525 S.W. 20th Terrace
Miami, Florida 33175
(305) 228-0870

OFFICERS & DIRECTORS:

Mr. Pedro Font - Chairman & CEO /D	18 Dwight Lane Greenwich, CT 06831
Mr. Jose Goyanes - President & COO /D	10565 NW 43rd Terrace Miami, FL 33178
Mr.Nicolas Villalba - Treasurer /D	68 La Gorce Circle La Gorce Island Miami Beach, FL 33141
Mr. Mariano Faget - Exec. VP & Secretary	13525 SW 20th Terrace Miami, FL 33175

DIRECTORS:

Mr. Oscar Font	Avenida El Bosque,128 San Isidro, Lima Peru
Mr. Jose A. Goyanes	40 South East 1st Street Miami, FL 33131
Mr. Nicolas Villalba Jr.	68 La Gorce Circle La Gorce Island Miami Beach, FL 33141
Mr. Peter Font	401 E. 34th Street Apt. South 4C New York, NY 10016