

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000003096**

1. Corporation Name

AMERICA-CUBA, INC.

Principal Place of Business

16870 NW 78 PLACE
MIAMI FL 33016
US

Mailing Address

16870 NW 78 PLACE
MIAMI FL 33016
US

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1993 **SP**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEOP	FONT, PEDRO	10 DWIGHT LANE 614-10 Street	GREENWICH CT 06831 Boulder Co 80302
COOP	GOYANES, JOSE	16870 NW 78 PLACE	MIAMI FL 33016
TD	VILLALBA, NICOLAS	68 LA GORGE CIRCLE 3345 Bridle Path Lane W. Ranch	MIAMI BEACH FL 33141 Weston FL 33331
EVS	FAGET, MARIANO	10050 SW 11701	MIAMI FL 33186
D	FONT, OSCAR	AVENIDA EL BOSQUE 128	SAN ISIDRO, LIMA PERU
D	FONT, PETER	401 E 34TH STREET., APT SOUTH 4C	NEW YORK NY 10016

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name **Jose Goyanes**
Street Address (P.O. Box Number is Not Acceptable)
8275 N.W. 36 Street
Suite/Apt. #, Etc. **7000003533707--3**
City **Miami**
Date **01/11/01--01103--021**
FL **33166**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **12/28/00**

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-00 305 638-4550

Date

Daytime Phone #

CR2E040 (8/00)