

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

97 OCT 30 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P93000055052

1. Corporation Name
CUBAN MEDICAL CONVENTION, INC.

Principal Place of Business Mailing Address
% CAROLINA CALDERIN **% CAROLINA CALDERIN**
5959 NW 7TH ST **5959 NW 7TH ST**
MIAMI FL 33126 **MIAMI FL 33126**



REINSTATEMENT 97 10/30

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/05/1993	
City & State		City & State		5. FEI Number	
Zip		Country		65-0439914	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CALDERIN, CAROLINA	5959 NW 7TH ST	MIAMI FL
S	MORA, MICHAEL J	5959 NW 7TH ST	MIAMI FL
T	TEJIDOR, ROBERTO A	5959 NW 7TH ST	MIAMI FL
			400002349664 -- 5 -11/17/97--01157--002 ***750.00 ***750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATION COMPANY OF MIAMI 1500 MIAMI CENTER 201 S BISCAYNE BLVD MIAMI FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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]* Date: **10-27-97**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *[Signature]* Date: **10/27/97** (305) 265-6404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CPRE040 (8/97)