

FILED
Mar 11, 2002 8:00 am
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P93000055052

1. Corporation Name

Cuban Medical Convention, Inc.

2. Principal Office Address

5959 N.W. 7th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33126

Country

Dade

3. Mailing Office Address

5959 N.W. 7th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33126

Country

Dade

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

650439914

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 06-02

7. Name and Address of Current Registered Agent

Name

Roberto Tejidor

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

5959 N.W. 7th Street

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33126

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

REGISTERED AGENT MUST SIGN

Date

3/4/02

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
P	Roberto Tejidor	5959 N.W. 7th Street	Miami, Florida 33126

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Roberto Tejidor **3/4/02** **305-205-6401**

CR2E081 (9/01)