PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -6 PM 3:48

**DOCUMENT #** P95000012556

1. Corporation Name
INFO-CUBA, INC.

wmtn 11/7

| Principal Place of Business | Mailing Address |
|---|---|
| Ste 2300 - Miami Center<br>201 S. Biscayne Blvd.<br>Miami, FL 33131-4329 | Ste. 2300 - Miami Center<br>201 S. Biscayne Blvd.<br>Miami, FL 33131-4329 |

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

DO NOT WRITE IN THIS SPACE

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| 1550 S. Dixie Hghwy | 1550 S. Dixie Hgwy |
| Suite, Apt. #, etc.: Suite 215 | Suite, Apt. #, etc.: Suite 215 |
| City & State: Coral Gables, FL | City & State: Coral Gables, FL |
| Zip: 33146 Country: USA | Zip: 33146 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 2/13/95

5. FEI Number: 59 33 70344 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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/D | Humberto Leon | Suite 2300 201 S. Biscayne Blvd. | Miami, FL 33131-4329 |
| P/D | Jaime Sucklicki | 1135 San Pedro Avenue | Coral Gables, FL 33156 |
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| | | | |

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****383.75 ****383.75

8. Name and Address of Current Registered Agent

Leslie Alan Schore
Suite 2300 - Miami Center
201 S. Biscayne Blvd.
Miami, Florida 33131-4329

9. Name and Address of New Registered Agent

Name: Jaime Suchlicki
Street Address (P.O. Box Number is Not Acceptable): 1135 San Pedro Avenue
Suite, Apt. #, Etc.:
City: Coral Gables State: FL Zip Code: 33156

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: 10-26-96
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.; and that all fees owed by the corporation have been paid. 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] JAIME SUCHLICKI, Pres. 10-26-96 663282 2 (30)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #