

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000000544**

1. Corporation Name

DE CUBAS, INC.

Principal Place of Business

**19220 EAST ST. ANDREWS DRIVE
MIAMI FL 3015**

Mailing Address

**19220 EAST ST. ANDREWS DRIVE
MIAMI FL 3015
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

FILED
01 NOV -5 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

01

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1997

5. FEI Number

65-0716117

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 3	City / State / Zip 4
P	DE CUBAS, LUIS	19220 EAST ST. ANDREWS DRIVE	MIAMI FL 33015
VP	DE CUBAS, SAMIA	19220 EAST ST. ANDREWS DRIVE	MIAMI FL 33015

500004697985--7

-11/29/01-01035-012

******750.00 ****750.00**

11/28

8. Name and Address of Current Registered Agent

**DE CUBAS, SAMIA
19220 EAST ST. ANDREWS DRIVE
MIAMI FL 3015**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]

REGISTERED AGENT MUST SIGN

Date

10/31/01

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/01 (205)

Date

Daytime Phone #

CR20040 (8/01)