

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P97000038968(8)**

1. Corporation Name
Cuban JAZZ CAFE, Corp.

Principal Place of Business: **4995 E 4th High Leah Fl, 33013**
 Mailing Address: **315 West 44st High Leah Fl, 33012**

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

2. New Principal Office Address, If Applicable: **N/A**
 Suite, Apt. #, etc.
 City & State: **High Leah Florida**
 Zip: **33012** Country: **USA**

3. New Mailing Office Address, If Applicable: **315 West 44st**
 Suite, Apt. #, etc.
 City & State: **High Leah Florida**
 Zip: **33012** Country: **USA**

4. Date Incorporated or Qualified To Do Business in Florida: **5/1/97**

5. FEI Number: **65-0886268** Applied For: Not Applicable:

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

FILED
 99 MAR 22 PM 2:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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
President	Andres J. Sierra	315 West 44st High Leah Fl, 33012	High Leah Fl, 33012
V. President	MARIA L. SIERRA	315 West 44st High Leah Fl, 33012	High Leah Fl, 33012

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REINSTATEMENT 9899 B
3/25/99

8. Name and Address of Current Registered Agent

MARIA L. SIERRA
315 West 44st
High Leah Fl, 33012

9. Name and Address of New Registered Agent

Name: **N/A**
 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

11. This corporation owes 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MARIA L. SIERRA**
 V- President

Date: **3/13/99** Daytime Phone #: **(305) 769-0120**

CPRE001 (12-98)