

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

93 SEP - 7 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000055420

1. Corporation Name

CUEVAS AND ASSOCIATES FINANCIAL GROUP, INC.

Principal Place of Business

221 N.W. 27 AVE
MIAMI, FLORIDA 33125

Mailing Address

SAME

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

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 24, 1997

5. FEI Number

65-0762759

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)

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
(PRES./SEC.)	LIZ DE LAS CUEVAS	4280 S.W. 156 PLACE	MIAMI, FLORIDA 33185
(VIC-PRES./TRE)	MARIO E. DE LAS CUEVAS	4280 S.W. 156 PL	MIAMI, FLORIDA 33185

100002988161--1
-09/15/99--01084--004
****308.75 ****308.75

8. Name and Address of Current Registered Agent

DE LAS CUEVAS, LIZ IVONNE
5253 S.W. 145 AVENUE
MIAMI, FLORIDA 33175

9. Name and Address of New Registered Agent

Name
LIZ DE LAS CUEVAS
Street Address (P.O. Box Number Is Not Acceptable)
221 N.W. 27 AVENUE
Suite, Apt. #, Etc.

City
MIAMI,

State
FL

Zip Code
33125

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

REGISTERED AGENT MUST SIGN

Date 8/18/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIZ DE LAS CUEVAS

Date

8/18/99

Daytime Phone #

CR2E081 (12/98)