

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 FEB 21 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000077421

1. Corporation Name

CUBA LIBRE USA CORPORATION

Principal Place of Business

Mailing Address

13605 SOUTH DIXIE HIGHWAY
#114-446
MIAMI FL 33176

13605 SOUTH DIXIE HIGHWAY
#114-446
MIAMI FL 33176



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1998

13615 South Dixie Hwy
Suite, Apt. #, etc.
114-446

13615 South Dixie Hwy
Suite, Apt. #, etc.
114-446

5. FEI Number

Applied For

City & State
Miami, Florida

City & State
Miami, Florida

65-0861887

Not Applicable

Zip Country
33176 USA

Zip Country
33176 USA

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	4 City / State / Zip
President	ANDREAS POSCHL	20320 SW 79 AVE	Miami, FL 33189
			500003148705--6 -02/28/00--01011--011 *****8.75 *****8.75
			500003148705--6 -02/28/00--01011--010 *****900.00 *****900.00

REINSTATEMENT

9-0-00
[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POSCHL, ANDREAS
20320 S.W. 79TH AVENUE
MIAMI FL 33189

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 REQUIRED

Date 2/18/2000

REGISTERED AGENT MUST SIGN

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] ANDREAS POSCHL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/18/00 305-9629028
Daytime Phone #

CR2E040 (8/99)