

PLEASE READ ALL INSTRUCTIONS BEFORE C

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**  
**Jun 28 1999 8:00 am**  
**Secretary of State**

**DOCUMENT #** *SU3295*

1. Corporation Name  
**OLD HAVANA RUM CORP.**

*W09000013908*

Principal Place of Business

Mailing Address

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

**REINSTATEMENT** *92-09*

2. New Principal Office Address, If Applicable <b>814 Ponce de Leon Blvd.</b> Suite, Apt. #, etc. <b>Suite #204</b> City & State <b>Coral Gables, Florida</b> Zip <b>33134</b> Country <b>USA</b>		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <b>6/25/91</b>	
				5. FEI Number <b>65-0279904</b>	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
D/P	Ricardo Arregui, Sr.	814 Ponce de Leon Blvd., #204	Coral Gables, FL 33134
D/S	Ricardo Arregui, Jr.	814 Ponce de Leon Blvd., #204	Coral Gables, FL 33134

**800002927808--4**  
**-07/03/99--01089--023**  
**\*\*\*1800.00 \*\*\*1800.00**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <b>Ricardo Arregui, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>814 Ponce de Leon Blvd.</b> Suite, Apt. #, Etc. <b>Suite #204</b> City <b>Coral Gables</b> State <b>FL</b> Zip Code <b>33134</b>	

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]* **5/11/99** **305-448-1167**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (12/98)