

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F00000005516

1. Corporation Name

CIELOS DEL PERU, S.A.

Principal Place of Business

Mailing Address

1851 NW 68TH AVE., BLDG 706  
STE A225  
MIAMI FL 33122

PO BOX 522300  
MIAMI FL 33152-2300

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/29/2000

5. FEI Number

52-2216589

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD	REY, ALFONSO C	1851 NW 68TH AVENUE, BLDG 706	MIAMI FL 33122
V	GUZINSKY, ORESTES R	AVENIDA ELMER FAUCETT 4800, OFIC	CALLAO PERU
S	SILES, PATRICIA	AVENIDA ELMER FAUCETT 4800, OFIC	CALLAO PERU
T	ROMERO, PAOLA	AVENIDA ELMER FAUCETT 4800, OFIC	CALLAO PERU
D	FRANCESQUI, MANUEL	AVENIDA ELMER FAUCETT 4800, OFIC	CALLAO PERU
D	LOPEZ CARLOS	AVENIDA ELMER FAUCETT 4800, OFIC	CALLAO PERU

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JARVIS, JAMES  
1500 SAN REMO AVENUE, STE #145  
CORAL GABLES FL 33146

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

10-15-01

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-01

305-871-0130

FILED

01 OCT 18 PM 6:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (8/01)