

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**

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

**2000UBR**

**FILED**  
00 DEC 15 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **FL1904**

1. Corporation Name

**PERSAL, INC.**

2. Principal Office Address

**C/O Alberto J. Parlade  
7050 S.W. 86th Av.**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Miami, FL**

Zip

**33143**

Country

**USA**

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/27/1982**

5. FEI Number

**Not Applicable**

Applied For

**Not Applicable**

6. CERTIFICATE OF STATUS DESIRED ☒ **YES**

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

**Alberto J. Parlade, Esquire**

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

**7050 S.W. 86th Av.**

Suite, Apt. #, Etc.

City

**Miami**

State  
**FL**

Zip Code  
**33143**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

**12/12/00**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	Perez, Maria H.	Ave Amazonas 3655 of 605	Quito, Ecuador
PD	Perez, Alvaro	Ave Amazonas 3655 of 605	Quito, Ecuador
S	Perez, Alexandra	Ave Amazonas 3655 of 605	Quito, Ecuador
T	Perez, Alvaro S.	Ave Amazonas 3655 of 605	Quito, Ecuador
			<b>SP</b>

10. 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

**Alvaro Perez, President**

Date

Daytime Phone #

**305-595-2300**

CR2E081 (8/99)

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LAW OFFICES  
**PARLADÉ & FIGUERAS**  
7050 SOUTHWEST 86TH AVENUE  
MIAMI, FLORIDA 33143-2426

ALBERTO J. PARLADÉ, ESQ.  
JUAN E. FIGUERAS, ESQ.

TELEPHONE (305) 595-2300  
FACSIMILE (305) 595-0408

December 12, 2000

Secretary of State  
Division of Corporation  
Caller Service #1500  
Tallahassee, Florida 32302-1500

RE: Reinstatement of Corporation  
**PERSAL, INC.**

Gentlemen:

This office represents the above referenced Corporation.

Enclosed herein please find check covering the following fee:

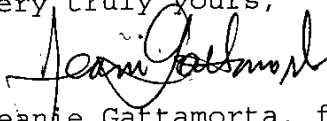
- 2000 Annual Report Fee	\$ 150.00	
- Certificate of Good Standing	\$	8.75
TOTAL:	\$	158.75

Please note that due to change of address, our office never received the 2000 Annual Report nor notices of dissolution, therefore, I am requesting waiver of the reinstatement fee of Six Hundred (\$600.00) Dollars.

Upon filing, please return the Certificate of Good Standing along with a copy of the Articles stamped "FILED" to the undersigned at your earliest possible convenience.

Should you have any questions and/or need any additional information do not hesitate to contact our office. Otherwise thank you for your attention in this matter.

Very truly yours,

  
Jeanie Gattamorta, for  
ALBERTO J. PARLADÉ

Enclosures