

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 OCT 15 PM 1:06

DOCUMENT # L11000135521

1. Limited Liability Company's Name

INVERSIONES PERUJAPA LLC

2. Principal Office Address - No P.O. Box #

7928 EAST DRIVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

APT # 1607

Suite, Apt. #, etc.

City & State

NORTH BAY VILLAGE FL

City & State

Zip

33141

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

45-3977656

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ALEJANDRO SUCRE

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

7928 EAST DRIVE

Suite, Apt. #, Etc.

APT # 1607

City

NORTH BAY VILLAGE

State

FL

Zip Code

33141

E-mail Address:

600252888736

10/15/13--01069--006 **238.75

SUCRE2201@yahoo.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date 10/9/13

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MBR	ALEJANDRO SUCRE	7928 EAST DR # 1607	NORTH BAY VILLAGE FL 33141- 5684

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 10/9/13

Daytime Phone # 786 486 9838

Typed or printed name of signing Managing Member/Manager

RE 10/16/13