

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 10 PM 2:17

DOCUMENT # N000000000354

1. Corporation Name

ASOCIACION DE ARTISTAS PERUANOS USA, INC.

2. Principal Office Address

1040 NE 173 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

1040 NE 173 ST.

Suite, Apt. #, etc.

500004726745--0  
-12/14/01--01047--011  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

Zip

33162

Country

USA

Zip

33162

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01-20-00

5. FEI Number

65-0974094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUAN REYES

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

8347 SW 40 ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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]*

REGISTERED AGENT MUST SIGN

Date 11/25/01

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
P.D.	JUAN REYES	8347 SW 40 ST.	MIAMI, FL 33155
V.D.	JORGE GONZALEZ	1900 W. 68 ST. Apt. F201	HIWALEAH, FL 33014
S.D.	RODOLFO NUNEZ	1040 NE 173 ST.	No. MIA. Bch., FL 33162
T.D.	ISABEL BANCES	1040 NE 173 ST.	No. MIA Bch, FL 33162
D	DARIO PASCO	1040 NE 173 ST.	No. MIA Bch, FL 33162

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/01 (305) 3873306

Date

Daytime Phone #

Miami, November 30<sup>th</sup> 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Doc # N00000000354  
Asociacion de Artistas Peruanos USA, Inc.  
Application for Reinstatement

Dear Sir or Madam:

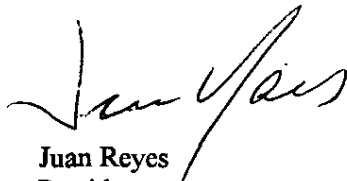
Please find enclosed an application for reinstatement.

We checked with your department and found out that you have a different address.  
That could be the reason that we never received your annual report form.

We want to ask you for your consideration and waive the penalty for reinstatement of our non profit organization.

Once again your consideration will be greatly appreciated.

Sincerely,



Juan Reyes  
President  
8347 SW 40 Street  
Miami, FL 33155