

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N93000003621

1. Corporation Name

PERUVIAN PROFESSIONAL ASSOCIATION OF THE UNITED  
STATES OF AMERICA, INC.

Principal Place of Business

Mailing Address

17775 NE 19TH AVE  
MIAMI FL 33162  
US

17775 NE 19TH AVE  
MIAMI FL 33162  
US

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

11/08/01-01044-018  
\*\*\*245.00 \*\*\*\*245.00  
08/10/1993

5. FEI Number

65-0523252

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MEJIA, FREDY J	17775 NE 19TH AVE	N MIAMI BEACH FL 33162
VPD	ZEVALLOS, JOSE L	801 SOUTH ROYAL POINCIANA APT 30	MIAMI SPRING FL 33166
TD	SAO BENTO, OLIMPIO	14931 SW 82 LANE APT 205	MIAMI FL 33186
D	LLERENA, LUIS E	10801 SW 109 CT APT 112	MIAMI FL 33176
D	PERALTA, CARLOS	1654 NW 8TH ST	MIAMI FL 33135
S	MARTINEZ, RAUL E	10511 SW 108 AVE APT F 193	MIAMI FL 33186

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEJIA, FREDY J  
17775 NE 19TH AVE  
MIAMI FL 33162

Name

Street Address (P.O. Box Numbers 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

REGISTERED AGENT MUST SIGN

Date 10-20-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-01

(305) 354-3416

FILED

01 OCT 24 PM 5:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



800004672368--2

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