

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL -3 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 94000003196

1. Corporation Name

ASOCIACION PERUANA DE BROWARD, INC.

2. Principal Office Address

1007 N. FEDERAL HWY

3. Mailing Office Address

P.O. Box 15453

Suite, Apt. #, etc.

241

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FLORIDA

City & State

PLANTATION, FLORIDA

Zip

33304

Country

BROWARD

Zip

33318

Country

BROWARD

REINSTATEMENT

9/17/00

4. Date Incorporated or Qualified

To Do Business in Florida 06/28/1994

5. FEI Number

65-0494069

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

Jessica M. Flores

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

1160 North FEDERAL HWY.

Suite, Apt. #, Etc.

Suite 1124

City

FORT LAUDERDALE

State

FL

Zip

33304

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

Jessica M. Flores

Date 6/15/2000

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
PD	GRACIELA CHONG	261 N.W. 131st. AVENUE	PLANTATION, FL 33325
SD	ELIAS LUNA-VICTORIA	1801 S. OCEAN DRIVE # 631	HALLANDALE, FL 33009
TD	Jessica M. FLORES	1160 N. FEDERAL HWY. - Suite 1124	FORT LAUDERDALE, FL 33304
			LS

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 FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRACIELA CHONG

6/15/2000 (954) 764-3053

Date

Daytime Phone #

CR2E081 (9/99)