

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 14 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006293

1. Corporation Name
EL SOL - USA PERUVIAN ASSOCIATION, INC.

2. Principal Office Address
1611 NW 26th Avenue

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33125

Country

3. Mailing Office Address
1611 NW 26th Avenue

Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33125

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 11/07/97

5. FEI Number
65-0792289

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
Ospina, Livia

Street Address (P.O. Box Number is Not Acceptable)
1611 NW 26th Avenue

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33126

40004703357
02/22/05--01024--010 **12.50

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

Livia Ospina
REGISTERED AGENT MUST SIGN

Date 02/11/05

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
DP	Ospina, Livia	1611 NW 26th Avenue	Miami, FL 33125
DV	Ospina, Francisco	1611 NW 26th Avenue	Miami, FL 33125
DT	Ospina, Victor	1600 NW 25th Avenue	Miami, FL 33125
D	Cueva, Julian	501- 79 Street, Apt 1	Miami Beach, FL 33141
D	Feix, Javier	1971 NE 177 St	N Miami Beach, FL 33162
D	Cabrera, Wenceslao	2040 NW 28th Street	N Miami Beach, 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:

Livia Ospina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/05

Date

305-635-8051

Daytime Phone #

CR2E081 (01/05)

2/2

Miami, February 11th 2005

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: EL SOL-USA PERUVIAN ASSOCIATION, INC.
Doc Number N97000006293

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$122.50 to cover the following fees:

2004 Uniform Business Report
2005 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 1997`.

Your consideration will be greatly appreciated.

Sincerely,



Livia Ospina
President
1611 NW 26th Avenue
Miami, FL 33125