

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY -4 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99-00

DOCUMENT # N9700000711

1. Corporation Name

**"PERU-INKA"
CULTURAL ASSOCIATION**

2. Principal Office Address

10619-W ATLANTIC BLVD

Suite, Apt. #, etc.

PMB # 123

City & State

CORAL SPRINGS FL

Zip

33071

Country

3. Mailing Office Address

180 S.W. 75 TERR

Suite, Apt. #, etc.

City & State

MARGATE FL

Zip

33068

Country

REINSTATEMENT

08/10/99 90022025 6.25

4. Date Incorporated or Qualified
To Do Business in Florida

01-01-1998

5. FEL Number

65-0809746

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

FERNANDO BELTRAN

800003275958-3

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

9605 N.W 28 COURT

-06/05/00-01020-004

****297.50 ****297.50

Suite, Apt. #, Etc.

800003275958-3

-06/05/00-01020-005

****298.75 ****298.75

City

CORAL SPRINGS

State

FL

33065

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 5-01-2000

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
<u>D</u>	<u>FERNANDO BELTRAN</u>	<u>9605 N.W 28 COURT</u>	<u>CORAL SPRINGS FL 33065</u>
<u>D</u>	<u>ELVA HELLER</u>	<u>4120 N.W 88 AV Apt # 206</u>	<u>CORAL SPRINGS FL 33065</u>
<u>D</u>	<u>CARMEN POLASTRY</u>	<u>1805 W 75 TERRACE</u>	<u>MARGATE FL 33068</u>

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 of 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-08-00

Date

(954) 341-3890

Daytime Phone #

CR2E081 (9/99)