

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

99-00



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

**FILED**

00 MAY -4 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 67.25

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

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

9605 N.W. 28 COURT

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip

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

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

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

04-08-00

Date

(954) 341-3890

Daytime Phone #