PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 SEP 18 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000054134

1. Corporation Name

POLLERIA-ANTICUCHERIA DELICIAS PERUANAS, INC.

REINSTATEMENT

CR2E081 (1/07) 05-07

2. Principal Office Address - Site P.O. Box #	3. Mailing Office Address
1330 NE-163 ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
North Miami Beach FL	
Zip: 33162 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 6/5/2000

5. FEI Number: 65-1014445 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 additional fee required. Not Available for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Oscar O. Diaz

Street Address (P.O. Box Number is Not Acceptable): 1330 NE 163 ST.

Suite, Apt. #, Etc:

City: North Miami Beach FL State: FL Zip Code: 33162

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: X _____ Date: _____
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	Oscar O. Diaz	1600 NE 19 Avenue C	North Miami Beach FL 331

100110259147
10/04/07--01036--015 **450.00

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 contained in Chapter 119, 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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M. Williams SEP 18