

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVAL
AND
FILED

05 MAY 10 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000058404**

1. Corporation Name

INVERSIONES PEREZ ROS USA INC

2. Principal Office Address

18851 SW 25TH CT

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

Zip

33029

Country

Zip

Country

REINSTATEMENT

04-05

MRS

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/12/2001

5. FEI Number

65-1113746

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

PEDRO PEREZ ROS

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

18851 SW 25TH CT

Suite, Apt. #, Etc.

City

PEMBROKE PINES

000055196160

05/24/05--01067--002 **150.00

000055196160

05/24/05--01067--003 **150.00

State

FL

Zip Code

33029

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

4/25/05

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
PD	PEDRO PEREZ ROS	18851 SW 25TH CT	PEMBROKE PINES FL 33029
VPD	GISELA M PLAZA DE PEREZ	18851 SW 25TH CT	PEMBROKE PINES FL 33029

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2005

Date

305-303-0486

Daytime Phone #

CR2E081 (01/05)

292

MONDAY, APRIL 25, 2005

**DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EASTGAINES ST
TALLAHASSEE, FL 32399**

2004AL

**REF: INVERSIONES PEREZ ROS USA INC.
P01000058404**

THE PURPOSE OF THIS LETTER IS TO LET YOU KNOW THAT I,
INVERSIONES PEREZ ROS USA INC., HAVENT BEEN ABLE, TO MAIL YOU
THE UBR TO FACT, THAT UP TO THE ABOVE DATE, I HAVE NOT RECEIVE
YOUR FORM TO EXECUTE IT.

I DO APOLOGY, FOR NOT WRITING YOU ERLIER, BUT I WAS WAITING FOR
THE MAIL.

RESPECTFULLY YOURS

A handwritten signature in black ink, appearing to read "Pedro Perez", is written over a horizontal line.

**INVERSIONES PEREZ ROS USA INC..
PEDRO PEREZ
PRESIDENT**