

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000045704**

1. Corporation Name  
**LA PERLA 1103 CORP.**

2. Principal Office Address <b>10853 N W 29TH STREET</b>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b>		City & State	
Zip <b>33172</b>	Country <b>USA</b>	Zip	Country

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**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida **04/22/2002**

5. **010668213** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  3172 Adult Exam Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **AG CORPORATE SERVICES, LLC**

Street Address (P.O. Box Number is Not Acceptable) **5805 BLUE LAGOON DR**

Suite, Apt. #, Etc. **STE 200**

City **MIAMI** State **FL** Zip Code **33126**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date **11-15-06**

**REGISTERED AGENT MUST SIGN**

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P	ENRICO MEZZALIRA	10853 N W 29TH STREET	MIAMI FL 33172

10. I certify that I am an officer or director of 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 118, 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]* Date **11/15/08**

SIGNATURE MUST BE THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850)205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**CORPORATION REINSTATEMENT**

**LA PERLA 1103 CORP.**

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