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10/23/03 - 01062-014 x15000

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000083009
1. Corporation Name La Perla 1806, Corp

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 30 AM 8:00

2. Principal Office Address 2090 NE 214 Street
3. Mailing Office Address 2090 NE 214 Street

REINSTATEMENT 03

City & State NMB, Florida
City & State NMB, Florida

Zip 33179 **Country** U.S.A
Zip 33179 **Country** U.S.A

4. Date incorporated or Qualified To Do Business in Florida 07/31/2002


5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name Grisales - racini, Oscar
Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE
Suite, Apt. #, Etc. Suite 2600
City Miami **State** FL **Zip Code** 33131


8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent  **Date** 10/29/03
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
PSD	Sara Keipel	2090 NE 214 ST	NMB, FL 33179
VTD	German Osorio	2090 NE 214 ST	NMB, FL 33179

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)(l), 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:  **10-20-03** (305)3224503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CREDSSE (10/03)

October 16, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 6327
Tallahassee, FL 32314-6327

Re: La Perla 1806, CORP P02000083009

Enclosed please find a check in the amount of \$150.00 for the renewal of the corporation.

We are requesting an abatement of the late filing penalty. The owners never received any prior notice or filings until they checked their status on the Internet and then received the Notice of dissolution.

Thank you



Sara Kerpel
La Perla 1806, Corp.
President