

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 09 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000114798*

1. Corporation Name

Peruvian Glass & More, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

3100 SW College Rd

3. Mailing Office Address

2901 SW 41st St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

apt 703

City & State

Ocala FL

City & State

Ocala FL

Zip

34474

Country

MARION

Zip

34474

Country

MARION

4. Date Incorporated or Qualified
To Do Business in Florida

10-23-2002

5. FEI Number

54-2081730

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

Vivien L Swanson

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

2522 SW 27th Ave

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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]

Date *7-6-04*

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
<i>D/P</i>	<i>Sotelo, Silvana P.</i>	<i>2901 SW 41st St apt 703</i>	<i>Ocala FL 34474</i>

200038913792

07/09/04 01009 011 **508.75

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:

Silvana P. Sotelo

7-6-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)