

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 27 PM 1:32

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P04000057130

1. Corporation Name

PERUVIAN PROFESSIONAL, INC

REINSTATEMENT 05-06

03-21-05 CR2E081 (12/05) 90087 034 \$150.00

2. Principal Office Address
16671 SW 5 CT

Suite, Apt. #, etc.

City & State
WESTON, FL

Zip
33326

Country

3. Mailing Office Address
28 ALLEGHENY AVE

Suite, Apt. #, etc.
STE. 1307

City & State
TOW SON, MD

Zip
21204

Country

4. Date Incorporated or Qualified
To Do Business in Florida 04/02/04

5. FEI Number
20-1075606

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
BEATRIZ WOOD GARZA

Street Address (P.O. Box Number is Not Acceptable)
3640 CORAL SPRINGS DR.

Suite, Apt. #, Etc.

City
CORAL SPRINGS

State
FL

Zip Code
33065

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

Beatriz Wood Garza
REGISTERED AGENT MUST SIGN

Date 03/15/06

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
P	ESCALANTE JORGE	16671 SW 5 CT	WESTON, FL 33326

900069541109
04/05/06--01037--008 **150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE ESCALANTE 2/23/06 410-365-0314

Date

Daytime Phone #

PERUVIAN PROFESSIONAL, INC.
16671 SW 5 Ct
Weston, FL 33326

March 16, 2006

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: Document # P04000057130

To Whom It May Concern:

Due to the fact that I never received notes of correction or any other notes thru the year 2005, I'm kindly requesting a waiver for reinstatements fees.
Your prompt attention to this matter will be appreciated. Should you have any questions please do not hesitate to contact me at the above address.

Sincerely



Jorge Escafante
President