

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR 15 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F04000082388**

1. Corporation Name

La Perla 3009 Corp.

2. Principal Office Address - No P.O. Box #
821 W. 39th Street

3. Mailing Office Address
P.O. Box 402343

Suite, Apt. #, etc.
Apt. 5

Suite, Apt. #, etc.

City & State
Miami Beach; FL 33140

City & State
Miami Beach, FL

Zip
33140

Country
USA

Zip
33140

Country
USA

Handwritten initials
REINSTATEMENT 05-07

4. Date Incorporated or Qualified To Do Business in Florida
5/24/04

5. F&I Number 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
Marcelo Caldarola

Street Address (P.O. Box Number is Not Acceptable)
821 W/ 39th Street

Suite, Apt. #, Etc.
Apt. 5

City
Miami Beach

State
FL

Zip Code
33140

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Marcelo Caldarola*
REGISTERED AGENT MUST SIGN

Date *March 7, 2007*

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
Pres.	Marcelo Caldarola	P.O. Box 402342	Miami Beach, FL 33140

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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: *Marcelo Caldarola* *3/7/07* *3059515016*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #