

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
11 AUG - 5 PM 4:08  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #P05000086067**

1. Corporation Name

**MI PERU TRADING COMPANY**

2. Principal Office Address - No P.O. Box #

**1760 N.E. MIAMI GARDENS DRIVE**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NORTH MIAMI BEACH, FL**

City & State

Zip

**33179**

Country

**USA**

Zip

Country

000210155400  
07/19/11--01035--003 \*\*750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/15/2005**

5. FEI Number

**20-3004465**

☐ 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

**LUIS PEREYRA**

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

**1940 N.E. 167TH STREET**

Suite, Apt. #, Etc.

**# 3**

City

**NORTH MIAMI BEACH, FL**

State

**FL**

Zip Code

**33162**

000210155400  
08/05/11--01032--018 \*\*150.00

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

Date

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
P/VP	LUIS PEREYRA	1940 N.E. 167TH STREET	NORTH MIAMI BEACH, FL 33162
S/T	LUIS PEREYRA	1940 N.E. 167TH STREET	NORTH MIAMI BEACH, FL 33162

**REINSTATEMENT**

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*LUIS PEREYRA* **LUIS F. PEREYRA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7/15/11**

Daytime Phone #

**305.940.9404**