

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 11 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000140202

1. Corporation Name

PERUSA GENERAL SERVICES, INC.

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

1260 SE 4TH AVENUE

Suite, Apt. #, etc.

F 207

City & State

DEERFIELD BEACH

Zip

33441

Country

USA

3. Mailing Office Address

1260 SE 4TH AVENUE

Suite, Apt. #, etc.

F 207

City & State

DEERFIELD BEACH

Zip

33441

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/13/2005

5. FEI Number

203625796

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

TRADEMARK FINANCIAL CORP.

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

750 E SAMPLE ROAD

Suite, Apt. #, Etc.

102

City

POMPAÑO BEACH

State

FL

Zip Code

33442

☒ 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

Fernanda Lela - President

Date 10/05/2007

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	OSCAR GARRIDO ESCOBEDO	1260 SE 4TH AVENUE # F 207	DEERFIELD BEACH, FL 33441

800110899058
10/11/07-01047-016 **300.00

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

10/05/2007

Date

(305) 761 5277

Daytime Phone #

10/12/07