

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000069054

1 Corporation Name
PERU AMERICANA IMPORT & EXPORT, INC.

Principal Place of Business Mailing Address

16200-GOLF-CLUB-ROAD
SUITE-208
FORT-LAUDERDALE-FL-33326

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable
811 LAKE BLVD.

3 New Mailing Address, If Applicable

DO NOT WRITE IN THIS SPACE
4 Date Incorporated or Qualified
To Do Business in Florida 09/23/1994

Suite Apt. #, etc

Suite, Apt. #, etc

5 FFI Number

☒ Applied For
☐ Not Applicable

City & State
FORT LAUDERDALE FL

City & State

Zip
33326

Country
BROWARD

Zip

Country

6 CERTIFICATE OF STATUS DESIRED ☒

68.75 Additional Fee required
for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES.	CESAR A. TASAYCO	811 LAKE BLVD.	FT. LAUD. FL 33326
SEC.	MARITZA D. TASAYCO	811 LAKE BLVD.	FT. LAUD. FL 33326

200002047962--0
-01/07/97--01072-016
****583.75 ****583.75

REINSTATEMENT 75-97
12/10/97

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

MARITZA D. TASAYCO
16200 GOLF CLUB ROAD #208
FT. LAUDERDALE FL 33326

Name
CESAR A. TASAYCO
Street Address (P.O. Box Number is Not Acceptable)
811 LAKE BLVD.
Suite, Apt. #, Etc.
200002047962--0
-01/07/97--01072-017
City
FT. LAUDERDALE FL 33326
****509.500 ****505.00

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Cesar A. Tasayco
REGISTERED AGENT MUST SIGN

Date DEC. 28-1996

11 Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

Cesar A. Tasayco

DEC. 28-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #