

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN -4 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **894 98474**

1. Corporation Name

Omar Periu International

2. Principal Office Address

6178 NW 31st Ave

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33496

Country

USA

3. Mailing Office Address

PO Box 812470

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33481

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1993

5. FEI Number

65-0534413

☒ 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

Omar Periu

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

6178 NW 31st Ave.

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33496

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

5/30/02

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
President	Omar Periu	6178 NW 31st Ave	Boca Raton, FL. 33496

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 under section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/30/02

Daytime Phone #

561-362-3023

CR2E081 (9/00)