

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
PERUVIAN-AMERICAN CLUB INC.
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 18 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000085757**

1. Corporation Name

PERUVIAN-AMERICAN CLUB INC.

Principal Place of Business

10975 S.W. 52ND DRIVE
MIAMI FL 33165

Mailing Address

10975 S.W. 52ND DRIVE
MIAMI FL 33165

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/1996

5. FEI Number

65-0706774

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RIOS, GRIMALDO	3870 W 10 COURT	HIALEAH FL 33012
VP	TRAVANO, DONNA	18141 SW 84 AVE	MIAMI FL 33157
T	FLORES, DIEGO	7331 SW 158 AVE	MIAMI FL 33193
S	CLARK FERNANDEZ, CARMEN	10966 SW 145 COURT	MIAMI FL 33186

8. Name and Address of Current Registered Agent

RIOS, GRIMALDO
3870 W 10 COURT
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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., 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (802)



Peruvian-American Club. Corp.

"Family of Families"

P.O. BOX 652753 Miami, Florida 33165

DECEMBER 5, 2002

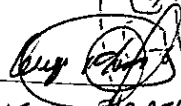
STATE OF FLORIDA

DIVISION OF CORPORATIONS

DEAR SIR/MADAM :

THIS IS TO INFORM YOU THAT WE DID NOT RECEIVED
THE BILL TO PAY THE CORPORATION BILL. THEREFORE
WE SEND \$150.00 TO SETTLE THE AMOUNT DUE
AND WE REQUEST TO HAVE OUR CORPORATION REINSTATED.

THANKING YOU IN ADVANCE


DIEGO FLORES - TREASURER
Family of Families
PROUD MEMBER

MIAMI FLA. USA