

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 29 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000064161

1. Corporation Name

Permanent Shows, inc.

2. Principal Office Address

2676 N.W. 97th Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33172

Country

Dade

3. Mailing Office Address

2676 N.W. 97th Ave.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33172

Country

Dade

REINSTATEMENT 03
300025810123
12/29/03--01038--007 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

July 24, 1997

5. FEI Number

65-0771982

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

Fernando Arau

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

11257 N.W. 62nd Terr.

Suite, Apt. #, Etc.

City

Doral

State

FL

Zip Code

33178

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

REGISTERED AGENT MUST SIGN

Date 12-26-03

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
DPS	Fernando Arau,	11257 N.W. 62nd Terr.	Doral, Fla. 33178
VP	Rosalinda P. Izquierdo	11257 N.W. 62nd Terr.	Doral, Fla. 33178

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fernando Arau

Date

12-26-03

Daytime Phone #

CR2E081 (10/02)



Miami Fl. Dec/26/2003

Department of State
Division of Corporations
Attn: To whom it my concerning

This letter is to explain that: We didn't filing the Annual Report for the year 2003,
Because We didn't received the Form, because our office moved to a new address
2676 N.W. 97th Ave. Miami Fl. 33172, and Post Office could be delivered at the old address.

I will Appreciate the help in this mater.

Atte.


Fernando Arau
President.