

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000085169

1. Corporation Name

CHASQUI OF AMERICA, INC

2. Principal Office Address

330 E 56 ST

Suite, Apt. #, etc.

7E

City & State

New York, NY

Zip

10019

Country

USA

3. Mailing Office Address

2515 AMBASSADOR AVE

Suite, Apt. #, etc.

City & State

COOPER CITY, FL

Zip

33026

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/02/97

5. FEI Number

65-0786133

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

GARY S GLASSER

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

19 W FLAGLER

Suite, Apt. #, Etc.

1400

City

MIAMI

State
FL

Zip Code
33130

900004717548--3

12/10/01-01118-012

***150.00 ***150.00

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

Date

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
PRES	SEVERINO CZAPSKI	LAVALLE 1394	BUENOS AIRES-ARGENTINA
			01 UBR

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)(f), 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

Date

11/14/01

Daytime Phone #

Page 2

**Chasqui of America
2515 Ambassador Ave
Cooper City, FL 33026
Ph: (954) 430-0382**

November 14, 2001

**Secretary of State
Division of Corporations**

Ref: P97000085169.

Dear Sirs:

This is to request the reinstatement of this Corporation. We did not pay the annual fee because we never received the Annual Report Form.

Considering the above facts we respectfully request your department to waive the penalty and accept the regular annual fee of \$150.00.

Enclosed to the present you will find a reinstatement form and a check for \$150.00.

Sincerely

**Severine Czapski
President**

