PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 NOV 16 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000017625

1. Corporation Name
PERLA DEL CARIBE, INC.

750 West 20th Street

REINSTATEMENT 2004

2. Principal Office Address	**3.** Mailing Office Address
750 West 20th Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Hialeah, Florida	
Zip / Country	Zip / Country
33010 / USA	

4. Date Incorporated or Qualified To Do Business in Florida 02/24/1998

5. FEI Number 650814797 ☐ 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
Clara Martinez

000042768330
11/16/04 01018--018 **750.00

Street Address (P.O. Box Number is Not Acceptable)
750 West 20th Street

Suite, Apt. #, Etc.

City: Hialeah | State: FL | Zip Code: 33010

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: Clara Martinez — Date: 11-4-04
REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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
PSD	Clara Martinez	750 West 20th Street	Hialeah, Florida 33010
VPTD	Liliana Martinez Malo	10265 SW 70th Street	Miami, Florida 33173

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: Clara Martinez (CLARA MARTINEZ) — 11-4-04 — (305) 885-0988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #