

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 22 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 980000 78811**

1. Corporation Name

American South Pacific

900034178719
04/27/04--01083--016 **300.00

2. Principal Office Address

12260 SW 8th ST

Suite, Apt. #, etc.

104

City & State

Miami, FL

Zip

33184

Country

U.S.A.

3. Mailing Office Address

12260 SW 8th ST

Suite, Apt. #, etc.

104

City & State

Miami, FL

Zip

33184

Country

U.S.A.

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0862573

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

Lanza, Marta

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

14554 SW 94th ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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
PVST	Lanza, Marta	14554 SW 94th LANC	Miami, FL 33186

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

4/15/04

Date

Daytime Phone #

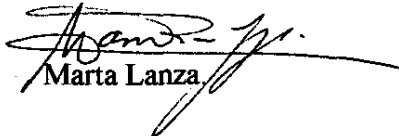
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

The reason for this letter is to inform you that I did not receive the Uniform Business Report form for 2003 (probably because we moved) for ***AMERICAN SOUTH PACIFIC INC. # P98000078811.***

We ask that you would please waiver the fee.

Adjacent to this letter I am sending \$300 which I was told the corporation will be re-installed; as well as the Reinstatement form, I would greatly appreciate this favor.

Sincerely,


Marta Lanza