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APPLICATION
FOR
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

200000098754

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000098754

1. Corporation Name

CASA PERU CORP.

Principal Place of Business

Mailing Address

6335 JOHNSON STREET
HOLLYWOOD FL 330246335 JOHNSON STREET
HOLLYWOOD FL 33024

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0962781

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED I

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	ABATE, ROSSANNA	6335 JOHNSON STREET	HOLLYWOOD FL 33024
VD	ALADZEME, DAVID	6335 JOHNSON STREET	HOLLYWOOD FL 33024

500003460125-7

-11/13/00--01006--021
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

ROSSANNA ABATE

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

3670 N. 56 AVE # 725

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

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.

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE ROSSANNA ABATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-19-00

Daytime Phone #

954 893 972

KE

20F2

CASA PERU CORP
6335 JOHNSON ST
HOLLYWOOD, FL 33024

October 18, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

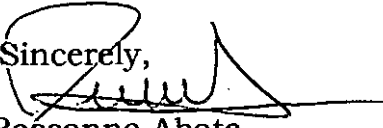
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Dear Sir:

Enclosed please find form for reinstatement together with a check in the amount of \$150.00 for the above referenced corporation.

The reason for the reinstatement is that I was notified by the department of alcohol that the corporation was inactive. I did not receive the renewal, therefore, I should not be penalized.

Please reinstate the corporation so that I may renew the other licenses as required by statute.

Sincerely,

Rossanna Abate