N30558

CR2E031(7/97)

Requester's Name Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy ☐ Mail out ☐ Photocopy ☐ Will wait Certificate of Status **NEW FILINGS AMENDMENTS** Profit ☐ Amendment Resignation of R.A., Officer/Direct Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other T. LEWIS JAN 2 2 2002 **Examiner's Initials**



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 2, 2002

GENE BRANNON SOUTHERN METAL OF TAMPA, INC. 8803 ENTERPRISE CV TAMPA, FL 33637

SUBJECT: ANDALUCIA MASTER ASSOCIATION, INC.

Ref. Number: N30558

We have received your document for ANDALUCIA MASTER ASSOCIATION, INC. and check(s) totaling \$297.50. However, your check(s) and document are being returned for the following:

Our records show the above corporation was administratively dissolved by this office 9-22-00, for failure to file the 2000 uniform business report.

The fees for reinstatement are: \$175 reinstatement filing fee, \$35 for the registered agent change and \$61.25 for each year report 00, 01 & 02.

There total amount due for reinstatement is \$393.75.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Corporate Specialist Supervisor
Corporate Specialist Supervisor
Corporate Specialist Supervisor

Letter Number: 302A00000040

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of $FLOEIOA$
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: ANDALUCIA MASTER
Association, Inc.
2. The mailing address of the corporation is: 6380 MAR bellA Blud
Apollo BEACH FL. 33572
3. Date of incorporation/qualification: 2889 Document number: N30558
4. The name and address of the current registered agent and office:
ERIC W. NUTT
5914 LAROSA LANE ZE R
- Apollo BEACL, FL. 33572 EB & T
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
MELVINCBALLARDE HONDE
1422 JUMANA LOOD FEET &
Apollo BEACK, FL. 33572 8
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Signature of an official, chairman or vice chairman of the board) (Date)
Evgene BRANNON Chairmans (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent
registered agent. I define the provisions of all statutes relative to the proper and complete reference of my duties, and I am familian with and accept the obligation of my position as
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) MELVIN C. BALLARD II TREASURE (Canacity)
Capacity
* * * FILING FEE: \$35.00 * * *

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314