


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
02 JAN 22 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N30558

1. Corporation Name  
**ANDALUCIA MASTER ASSOCIATION, INC.**

200004790382--6  
-01/22/02--01118--029  
\*\*\*\*393.75 \*\*\*\*270.00

2. Principal Office Address  
**6380 Marbella Blvd.**

3. Mailing Office Address  
**SAME**

Suite, Apt. #, etc.

City & State  
**Apollo Beach, FL.**

City & State  
**SAME**

Zip Country  
**33572 USA**

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
**2-8-89**

5. FEI Number  
**592942027**

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  
**ERIC W. NUTT**

Street Address (P.O. Box Number is Not Acceptable)  
**5914 LA ROSA LANE**

Suite, Apt. #, Etc.

City  
**Apollo Beach**

State  
**FL**

Zip Code  
**33572**

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  
**Eugene Brannon for Eric W. Nutt**

REGISTERED AGENT MUST SIGN

Date  
**12-24-01**

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
D	PRES. EUGENE BRANNON	1423 JUMANALoop	Apollo Beach, FL. 33572
D	V-PRES. DAN Petrick	1421 JUMANALoop	" " "
D	Treas. MEL BALLARD	1422 JUMANALoop	" " "
D	V-Gen Dykema	1401 ALHAMBRA	" " "

**REINSTATEMENT** 00-02

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: **Eugene Brannon** **EUGENE BRANNON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
**12-24-01**

Daytime Phone #  
**8136419848**

JAN 22 2002

CR2E081 (9/00)