

PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90297 014 ***550.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000043201

1. Corporation Name
ANDILU INVESTMENT CORPORATION

2. Principal Office Address
1390 Brickell Avenue
Suite, Apt. #, etc.
Suite 200

3. Mailing Office Address
1390 Brickell Avenue
Suite, Apt. #, etc.
Suite 200

City & State
Miami, Florida

City & State
Miami, Florida

Zip **Country**
33131 **USA**

Zip **Country**
33131 **USA**

4. Date Incorporated or Qualified To Do Business in Florida **05/12/99**

5. FEI Number **65-0918878**
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

969337

7. Name and Address of Current Registered Agent

Name
Alvaro Castillo B., P.A.
Street Address (P.O. Box Number is Not Acceptable)
1390 Brickell Avenue
Suite, Apt. #, Etc.
Suite 200
City
Miami

State **Zip Code**
FL **33131**

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 *[Signature]* **REGISTERED AGENT MUST SIGN** **Date** **6-18-02**

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
P/T/S	Hugo Anselmo De Hoffmann	1390 Brickell Avenue, #200	Miami, Florida 33131

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]* **Hugo Hoffmann**
President **6/18/02** **(305) 371-5540**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E081 (9/00)