

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -7 PM 12:02

DOCUMENT #

V02050

1. Corporation Name

ANDOAS INC.

2. Principal Office Address

733 S. ORANGE B. TR.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOKA FL

City & State

Zip

32703

Country

ORANGE

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

DEC 1991

5. FEI Number

59-3095126

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT *09-11*

7. Name and Address of Current Registered Agent

Name

JORGE E. KUKURELO

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

2060 PALM VIEW DR.

100004314761

-05/24/01--01036--003

Suite, Apt. #, Etc.

***1058.75 ***1058.75

City

APOKA

State

FL

Zip Code

32712

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]

Date

5-4-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonpro 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
PRES. DIRECTOR	JORGE E. KUKURELO	2060 PALM VIEW DR.	APOKA, FL, 32712

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

SIGNATURE:

[Signature]

JORGE E. KUKURELO

5-4-01

Date

(407) 880-9177

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)