


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 576486			
1. Corporation Name ANDROS WEST INC			
2. Principal Office Address U.S. 1 HIGHWAY HENHARVEE 88 Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 829 Suite, Apt. #, etc.	
City & State ISLAMORADA FL		City & State ISLAMORADA FL	
Zip 33036	Country U.S.A.	Zip 33036 Country U.S.A.	
4. Date Incorporated or Qualified To Do Business in Florida 6-13-1978		5. FEI Number 59-1830277	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <small>\$8.75 Additional Fee required for a Certificate of Status</small>	
7. Name and Address of Current Registered Agent			
Name ANDREAS MUELLER			
Street Address (P.O. Box Number is Not Acceptable) 87,950 U.S. HIGHWAY #1			
Suite, Apt. #, Etc. P.O. BOX 1113			
City ISLAMORADA		State FL Zip Code 33036	
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 _____		Date _____	
REGISTERED AGENT MUST SIGN			
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
PRES.	ANDREAS MUELLER	87,950 U.S. HIGHWAY #1	ISLAMORADA FL 33036
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: _____		Date 10-7-05	Daytime Phone # 305-862-5382
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2005

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