

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



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

02 APR 26 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 728410**

1. Corporation Name

ANDALUSIA CONDOMINIUM CORP.

300005492869--3

-05/09/02--01001--016

\*\*\*\*367.50 \*\*\*\*367.50

**REINSTATEMENT** 00-02

2. Principal Office Address

6200 West Flagler St.

3. Mailing Office Address

L.M. QUALITY MGMT.

Suite, Apt. #, etc.

APT. 204

Suite, Apt. #, etc.

P.O. Box 440915

City & State

Miami Fl.

City & State

Miami Fl.

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/1973

5. FEI Number

591550209

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

See annual Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUZMARY NUNEZ - 8101 Byron Ave. #405 Miami Beach Fl. 33141

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

8101 Byron Ave. # 405

Suite, Apt. #, Etc.

405

City

MIAMI BEACH

State  
FL

Zip Code

33141

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

LUZMARY NUNEZ

Date 4/1/02

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
PD	Rodriguez Ovelinda	6200 W. Flagler St. #208	Miami, Fl. 33144
VPD	IRAIDA DIAZ-SALINERO	6200 W. Flagler St. #205	Miami Fl. 33144
TD	CAROL MOREJON	6200 W. Flagler St. #206	Miami Fl. 33144
SD	Julio Orellana	6200 W. Flagler St. #204	Miami Fl. 33144
D	Santiago Pena	6200 W. Flagler St. #105	Miami Fl. 33144

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)(f), 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:

*Ovelinda Rodriguez* OVELINDA S. RODRIGUEZ 305 267 9229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02

x 5/3/02

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