

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN -3 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200055716232

06/03/05--01041--002 **\$100.00

DOCUMENT # F03000003368

1. Corporation Name

MichaelAndra Designs, Inc.

2. Principal Office Address

1878-D Dr. Andre's WAY
Suite D

City & State

Delray Beach, FL

Zip

33445

Country

Palm Beach

3. Mailing Office Address

7491 N. Federal Hwy. #
C-5 #316

City & State

Boca Raton, FL

Zip

33487

Country

Palm Beach

REINSTATEMENT

04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

03-0519376

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

Sandra Connelly

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

1500 NE 4th AVE.

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33432

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

Sandra Connelly

REGISTERED AGENT MUST SIGN

Date

4-20-5

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
PR/VP	Sandra Connelly	1500 NE 4th AVE.	Boca Raton, FL 33432
Sec	Michael Connelly	1500 NE 4th AVE.	Boca Raton, FL 33432

09/6/3

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:

Sandra Connelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-20-5 (561) 699-2696

Daytime Phone #

CR2E081 (01/05)