

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


07 FEB 20 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 1987-2007

CR2E081 (1/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G63049

1. Corporation Name

ANDRADE MANAGEMENT CO.

2. Principal Office Address - No P.O. Box # 53 St. Thomas Drive Suite, Apt. #, etc.		3. Mailing Office Address 52 St. Thomas Drive Suite, Apt. #, etc.	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip 33418	Country USA	Zip 33418	Country USA

4. Date Incorporated or Qualified To Do Business in Florida		9/30/1983
5. FEI Number 59-2321172	Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent			
Name Manuel S. Andrade			
Street Address (P.O. Box Number is Not Acceptable) 53 St. Thomas Drive			
Suite, Apt. #, Etc.			
City Palm Beach Gardens	State FL	Zip Code 33418	

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Manuel S. Andrade
 REGISTERED AGENT MUST SIGN

Date 2/12/2007

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/V/S/ T/D	Manuel S. Andrade	53 St. Thomas Drive	Palm Beach Gardens, FL 33418

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 contained in Chapter 119, 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: Manuel S. Andrade
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Manuel S. Andrade, President

2/11/2007

Date

Daytime Phone #

2C 2/21