APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 MAY -8 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K29356

REINSTATEMENT 9291

DO NOT WRITE IN THIS SPACE

1 Corporation Name

ANDOVER EQUITIES CORP.

Mailing Address	Principal Place of Business

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
631 N.W.183 Street	631 N.W.183 Street
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33169 Country: Dade	Zip: 33169 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: July 25, 1988

5. FEI Number: 59-2720407 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P,D	Roberto P.Novo,M.D.	631 N.W. 183 Street	Miami, Florida 33169
D	Hugo D.Goldstraj,M.D.	631 N.W. 183 Street	Miami, Florida 33169
VP,S	Marcela D.Goldstraj	631 N.W. 183 Street	Miami, Florida 33169

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8. Name and Address of Current Registered Agent

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9. Name and Address of New Registered Agent

Name: Mark J. Bryn, Esquire
Street Address (P.O. Box Number is Not Acceptable): 2 South Biscayne Boulevard
Suite, Apt. #, Etc.: Suite 3599
City: Miami
State: FL Zip Code: 33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: REGISTERED AGENT MUST SIGN Date: May 7, 1997

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ XX (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. 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: Roberto Novo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 7, 1997 (305) 651-2334
Date Daytime Phone #

TOTAL P.02