

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 JUL 28 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L57257**

1. Corporation Name
ANDREI INTERNATIONAL, INC.

Principal Place of Business

**2 OFFICE PARK DRIVE
SUITE A-7
PALM COAST FL 32137**

Mailing Address

**2 OFFICE PARK DRIVE
SUITE A-7
PALM COAST FL 32137**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
SUITE 2A2

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
SUITE 2A2

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/29/1990

5. FEI Number

59-3050116

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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
DP	QUELLO, RICHARD B.	25 COCHISE COURT	PALM COAST, FL 32137
DST	FEDELE, MARTHA	24 AVALON DRIVE	PALM COAST FL
DVP	FEDELE, SALVATORE	24 AVALON DRIVE	PALM COAST FL
VP	QUELLO, KIM	25 COCHISE COURT	PALM COAST FL
VP	MONIQUE JOSA	66 BRIDGE HAVEN	PALM COAST FL

REINSTATEMENT

8. Name and Address of Current Registered Agent

**FRY, RAY D.
2 OFFICE PARK DRIVE
SUITE A-7
PALM COAST FL 32137**

9. Name and Address of New Registered Agent

Name

MARTHA FEDELE

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

2 OFFICE PARK DRIVE

Suite, Apt. #, Etc.

SUITE 2A2

City

PALM COAST

State

FL

Zip Code

32137

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 **7/22/1997**

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 ☒ (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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., 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:

MARTHA FEDELE

7/22/1997 (904) 446-0396