PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L64295

1. Corporation Name

Andesia U.S.A. Inc

2. Principal Office Address
9620 N.E 2nd Ave

3. Mailing Office Address
9620 N.E 2nd Ave

REINSTATEMENT 02-03

Suite, Apt. #, etc.
#203

Suite, Apt. #, etc.
#203

City & State
Miami Shores, FL

City & State
Miami Shores, FL

4. Date Incorporated or Qualified To Do Business in Florida 04/06/90

Zip 33138   Country U.S.A

Zip 33138   Country U.S.A.

5. FEI Number 650194626 | 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 Mauricio Serrano

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

8000 13627088
03/06/03--01043--015 **500.00

Suite, Apt. #, Etc.
Apt #1106

City Key Biscayne | State FL | Zip Code 33149 |

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

REGISTERED AGENT MUST SIGN

Date 03-03-03

CR2E081 (10/02)

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	Mauricio Serrano	791 Crandon blvd #1106	Key Biscayne FL 33149
D	Clara I Ramirez	791 Crandon blvd #1106	Key Biscayne FL 33149

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 817, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-03   305-342-1117 ext 25

Date   Daytime Phone #