

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JAN 28 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M94831

1. Corporation Name

ANDRADE GUTIERREZ CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

C/O MURAI WALD, BIONDO, MATTHEWS ET.AL  
7270 NW 12TH STREET SUITE 450  
MIAMI FL 33126

C/O MURAI WALD, BIONDO, MATTHEWS ET.AL  
7270 NW 12TH STREET SUITE 450  
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

8009 NW 36 ST  
Suite, Apt. #, etc.  
213

8009 NW 36 ST  
Suite, Apt. #, etc.  
213

City & State  
MIAMI FL

City & State  
MIAMI, FL

Zip  
33166

Country  
USA

Zip  
33166

Country  
-

4. Date Incorporated or Qualified  
To Do Business in Florida

08/18/1988

5. FEI Number

65-0168853

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ANDRADE, SERGIO L.	7270 NW 12TH ST. 8009 NW 36 ST #213	MIAMI FL 33166
D	ANDRADE, EDUARDO BORGES	7270 NW 12TH ST. STE 450 8009 NW 36 ST #213	MIAMI FL 33166
D	GUTIERREZ, ROBERTO	7270 NW 12TH ST. STE 450 8009 NW 36 ST #213	MIAMI FL 33166
PXS	SCHERER, ROBERTO SANTOS FERREIRA, PAULO R.P.	7270 NW 12TH ST. STE 450 8009 NW 36 ST #213	MIAMI FL 33166
VP&T	FERREIRA, PAULO R.P. MARQUES, JOSE C.	7270 NW 12TH ST. STE 450 8009 NW 36 ST #213	MIAMI FL 33166

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA  
900 INGRAHAM BLDG  
25 S.E. 2ND AVE  
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Signature of Paulo R. Ferreira, Vice President

Date 1/24/00

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Paulo R. FERREIRA, PRESIDENT

Date 11/16/99

Daytime Phone #

(305) 591 9765