

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**

1998 MAR 23 PM 2:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # N49405**

1. Corporation Name  
**ADRIAN AND ANDRES SMALL WORLD, INC.**

*W98-3461*

Principal Place of Business Mailing Address

**13705 SW 24 Street  
 Miami, Fl. 33175**

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		4. Date Incorporated or Qualified To Do Business in Florida <b>June 15, 1992</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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
<i>D</i>	<b>Candido Figueroa</b>	<b>13705 SW 24 St.</b>	<b>Miami, Fl. 33175</b>
<i>D</i>	<b>Caridad Figueroa</b>	<b>13705 SW 24 St.</b>	<b>Miami, Fl. 33175</b>
<i>D</i>	<b>Carlos Verde</b>	<b>13320 SW 17 Lane #7</b>	<b>Miami, Fl. 33175</b>

**REINSTATEMENT** *all good 3/23/98*

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 -03/26/98--01089--015  
 \*\*\*\*\*481.25 \*\*\*\*\*481.25

8. Name and Address of Current Registered Agent

**Caridad Figueroa  
 13705 SW 24 Street  
 Miami, Fl. 33175**

9. Name and Address of New Registered Agent

Name **Candido Figueroa**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13705 SW 24 St.**  
 Suite, Apt. #, Etc.  
 City **Miami** State **FL** Zip Code **33175**

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 *Candido Figueroa* Date **1/31/98**  
 REGISTERED AGENT MUST SIGN

11. 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.)

12. 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

*Candido Figueroa*

**1/31/98 (305) 719-1740 (sup)**  
 Date Daytime Phone #

CR2E040 (12/96)