

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

13 SEP -6 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000037735

1. Corporation Name

ANDES CONSTRUCTION GROUP, INC.

REINSTATEMENT\_\_\_\_\_

2. Principal Office Address - No P.O. Box #

577 Bridgeton Road

Suite, Apt. #, etc.

3. Mailing Office Address

577 Bridgeton Road

Suite, Apt. #, etc.

City & State

Weston

Zip

33326

Country

FL

City & State

Weston

Zip

33326

Country

FL

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

04/14/2000

5. FET Number

65-1097235

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

All Florida Firm, Inc.

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

813 Deltona Blvd.

Suite, Apt. #, etc.

STE A, BOX 1368890

City

Deltona

State

FL

Zip Code

32725

200251487902  
09/06/13--01017--009 \*\*1200.00

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 AUGUST 15, 2013

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	ILAN COHEN	577 Bridgeton Road	Weston, FL 33326
VP	FERNANDO GOMEZ	1245 Sea Bay Road	Weston, FL 33326

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUST 15, 2013 954-701-7817

SEP - 6 2013