

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000027993**

1. Corporation Name

ANDALE CORPORATION

Principal Place of Business

**2828 NW 72ND AVENUE
MIAMI FL 33122**

Mailing Address

**2828 NW 72ND AVENUE
MIAMI FL 33122**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified -
To Do Business in Florida

03/19/2001

5. FEI Number

59-2574682

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)

2 Name of Officers and/or Directors

3

Street Address of Each Officer and/or Director

4

City / State / Zip

PD

JIMENEZ, JULIE

14541 SW 95 LANE

MIAMI FL 33186

SD

SANTIAGO, JAIME

14541 SW 95 LANE

MIAMI FL 33186

100009746091

12/30/02--01097--005 **750.00

8. Name and Address of Current Registered Agent

**JIMENEZ, JULIE
14541 SW 95 LANE
MIAMI FL 33186**

9. Name and Address of New Registered Agent

Name

Julie Jimenez

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

14541 SW 95 Lane

Suite, Apt. #, Etc.

City

Miami, FL

State
FL

Zip Code
33186

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **12/15/02**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/15/02

FILED

02 DEC 26 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2002

CR2E040 (8/02)