

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000093337

1. Corporation Name

ANDRACA SERVICES INC.

Principal Place of Business

2775-45 AVE NE
NAPLES FL 34120

Mailing Address

2775-45 AVE NE
NAPLES FL 34120

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

2. New Principal Office Address, If Applicable

William Andraca
Suite, Apt. #, etc.
4521 13 Ave SW

City & State
Naples Fla

Zip
34116

Country

3. New Mailing Office Address, If Applicable

William Andraca
Suite, Apt. #, etc.
4521 13 Ave SW

City & State
Naples Fla

Zip
34116

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/2001

5. FEI Number

59-3744822

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ANDRACA, WILLIAM	2775-45 AVE NE	NAPLES FL 34120
D	ANDRACA, DINAMARIS	2775-45 AVE NE	NAPLES FL 34120

200009787992
01/02/03--01063--029 **750.00

8. Name and Address of Current Registered Agent

ANDRACA, WILLIAM
2775-45 AVE NE
NAPLES FL 34120

9. Name and Address of New Registered Agent

Name
William Andraca
Street Address (P.O. Box Number is Not Acceptable)
4521 13 Ave SW
Suite, Apt. #, Etc.
Naples Fla
City

State
FL
Zip Code
34116

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 12/30/02

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)(l), 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

Date

Daytime Phone #

12/30/02 239-404-0312

CR2E040 (8/02)