

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 APR 23 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000069670*

**1. Corporation Name**

*ANDENA GROUP INC.*

**REINSTATEMENT** *03-04*

**2. Principal Office Address**

*9485 LISTOW TERRACE*

Suite, Apt. #, etc.

City & State

*BOYNTON BEACH FL*

Zip

*33437*

Country

*U.S.A.*

**3. Mailing Office Address**

*9485 LISTOW TERRACE*

Suite, Apt. #, etc.

City & State

*BOYNTON BEACH FL*

Zip

*33437*

Country

*U.S.A.*

*900033566409*

*04/22/04--01053--007 \*\*300.00*

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

*07-01-2002*

**5. FEI Number**

*42-1581474*

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

*WILLIAM BORRAIZ*

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

*9485 LISTOW TERRACE*

Suite, Apt. #, Etc.

City

*BOYNTON BEACH*

State

*FL*

Zip Code

*33437*

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

*4-19-04*

**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
<i>P/D</i>	<i>WILLIAM BORRAIZ</i>	<i>9485 LISTOW TERRACE</i>	<i>BOYNTON BEACH FL 33437</i>

**10.** 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*WILLIAM BORRAIZ*

Date

*4-19-04*

Daytime Phone #

*(561) 752-8667*

CR2E081 (01/04)

ANDINA GROUP, INC.  
9485 LISTON TERRACE  
BOYNTON BEACH, FL 33437  
(561) 752-8667

April 19, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document # P02000069670

Dear Sir or Madam,

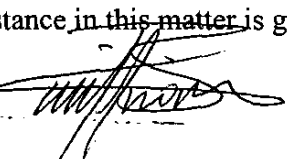
Enclosed please find a Corporation Reinstatement application for year 2003 and 2004 and a check in the amount of \$300 payable to Department of State to cover the annual filing fees for the two years 2003 and 2004.

Please be advised that I never received the year 2003 corporate annual report and therefore it was not filed. Additionally, my mailing address has changed to the address indicated on this letterhead.

Please accept this corporate reinstatement application as the facts presented herein are true and correct.

Your assistance in this matter is greatly appreciated.

Sincerely,



William Borraiz, President