

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP -6 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000002164

1. Corporation Name

Andean Trading, Inc.

2. Principal Office Address

14883 SW 177 Terrace

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33187

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
Javier L. Morzan

Street Address (P.O. Box Number is Not Acceptable)
14883 SW 177 Terrace

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33187

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 _____

Date _____

REGISTERED AGENT MUST SIGN

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	Javier E. Morzan	14883 SW 177 Terrace	Miami, FL 33187
			900079726579 09/12/06--01058--007 **450.00
			REINSTATEMENT 04-06

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 contained in Chapter 119, 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 #

8/5/06

August 18, 2006

Gretchen Harvey
Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: *Andean Trading, Inc.*

Dear Ms. Harvey:

Enclosed please find a Corporate Reinstatement Form for the above-referenced corporation as well as the annual reports for the years 2004 to the present.

Also enclosed is payment in the amount of \$450.00 for the applicable fees.

Unfortunately, my office did not revive the annual report notices for the years 2004 to the present and only recently became aware of the dissolution.

Thank you very much for your assistance with this matter. .

Very truly yours,

Javier Morzan

Enclosure(s)