

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC -7 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000099074

1. Corporation Name

ANDY & SONS, CORP

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

12858 SW 88TH TERR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

33186

Country

DADE

Zip

Country

REINSTATEMENT

CR2E081 (1/07)

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

7. Name and Address of Current Registered Agent

Name

EUGENIO E GARCIA

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

12858 SW 88TH TERR

Suite, Apt. #, Etc.

City
MIAMI, FL.

State
FL

Zip Code
33186

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Eugenio E Garcia

REGISTERED AGENT MUST SIGN

Date **11/29/07**

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/D	EUGENIO V GARCIA	12858 SW 88TH TERR	MIAMI, FL. 33186

400112816294
12/04/07--01042--018 **608.75

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:

Eugenio E Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 29, 07

305 559 9070

Date

Daytime Phone #

2/2

J.C. MOLINA and Associates
ACCOUNTING, TAX AND BUSINESS CONSULTING

Miami, Florida
November 29, 2007

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

Ref: Document # P03000099074
ANDY & SONS, CORP.

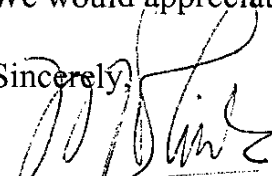
Dear Dept. of State:

On behalf of our client mentioned above we are sending you the Corporation Reinstatement Form to reactive this corporation because our client never received the forms in the past years.

We are enclosed a check in the name of Department of State for the amount of \$608.75 that includes \$8.75 for a certificate of status and four years of the annual report and supplemental fees.

In view of the above we are requesting a waiver for penalty; due to it was unintentionally mistake and we thank you for your kindness understanding this situation.

We would appreciate you to send us the certificate copy.

Sincerely,

JULIO C MOLINA
Accountant

