PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FI REINSTATEMENT	LORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	FILED 10 MAR 19 AM 7: 44
DOCUMENT # P0400096823 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Andrede Brothers Inc.		
Principal Office Address - No P.O. Box # 3	3. Mailing Office Address	000171599300 03/19/1001042010 **300.00
1420 57th St.E. 1	42057th.St.E	REINSTATEMENT 08-10
City & State City & State Country City & State Country Zip Country Zip	Bradouton Files	4. Date Incorporated or Qualified To Do Business in Florida 5.—FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED 38.75 Additional Fee required to a Certificate of Status
31208 USA 34208 USA 7. Name and Address of Current Registered Agent		for a Certificate to Status
Name Andrade Street Address (P.O. Box Number is Not Acceptable) LUZO 57 Th St. E. Suite, Apt. #, Etc. State Zip Code Bradenth State Styles		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 Date Date 3 3 15 15		
9. Names and Street oddresses 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 Juan Andra	ade 142057th St.	E Bradlenton, F1 34208
UP Francisco Andrade 461637th St.E Bradenter, FL		
	ou/a2	03/05/1001004020 **158.75
10. E-mail Address: juan andrade 77 a GMail- COM (To Diffused for future annual report notification)		
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 filling 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 daid. I further certify, 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:		