

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 AUG 20 PM 3:09

DOCUMENT # P05000001955

1. Entity Name
CONCEPTS BY ANDY ENTERPRISES, INC



Principal Place of Business
2608 FOUNTAIN VIEW CIR
#208
NAPLES, FL 34109

Mailing Address
2608 FOUNTAIN VIEW CIR
#208
NAPLES, FL 34109

REINSTATEMENT 06-07



2. Principal Place of Business - No P.O. Box #
2991 2nd AVE SE

3. Mailing Address
2991 2nd AVE SE

Suite, Apt. #, etc.

05022007 REIN-P CR2E098 (1/07)

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34117

Country
USA

Zip
34117

Country
USA

4. FEI Number
043805138

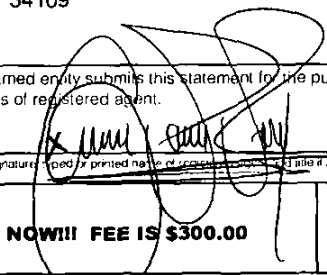
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAREDES, CLAUDIO A
2608 FOUNTAIN VIEW CIR
#208
NAPLES, FL 34109

7. Name and Address of New Registered Agent
Name
PAREDES, CLAUDIO A
Street Address (P.O. Box Number is Not Acceptable)
2991 2nd AVE SE
City
NAPLES FL Zip Code
34117

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

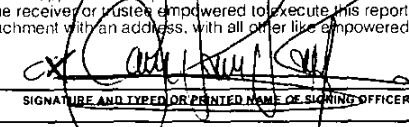
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 5/3/07

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAREDES, CLAUDIO A 2608 FOUNTAIN VIEW CIR #208 NAPLES, FL 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PAREDES, CLAUDIO A ☒ Change ☐ Addition 2991 2nd AVE SE NAPLES FL 34117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PAREDES, ANA L 2608 FOUNTAIN VIEW CIR #208 NAPLES, FL 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ☒ Change ☐ Addition PAREDES, ANA L. 2991 2nd AVE SE NAPLES FL 34117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700106476527 07/20/07--01021--010 **159.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700106476527 08/20/07--01032--011 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 5/3/07 239-398-1053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR