2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 20 PM 3:09

REINSTATEMENT 06-07

05022007 REIN-P CR2E098 (1/07)

DOCUMENT # P05000001955

1. Entity Name
CONCEPTS BY ANDY ENTERPRISES, INC

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

2. Principal Place of Business - No P.O Box #	3. Mailing Address
2991 2nd Ave SE	2991 2nd Ave SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
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	7. Name and Address of New Registered Agent
PAREDES, CLAUDIO A 2608 FOUNTAIN VIEW CIR #208 NAPLES, FL 34109	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: [signature] DATE: 5/3/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P PAREDES, CLAUDIO A 2991 2nd AVE SE Naples FL 34117	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PAREDES, ANA L 2608 FOUNTAIN VIEW CIR # 208 NAPLES, FL 34109	☐ Delete	VP PAREDES, ANA L. 2991, 2nd Ave SE Naples FL 34117	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	700106475527 07/20/07--01021--010 **158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	700106475527 08/20/07--01032--011 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: [signature] 5/3/07 239-398-1053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #