

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000032905

FILED
Oct 22, 2008
Secretary of State

Entity Name: ANDINSA INTERNATIONAL, CORP.

Current Principal Place of Business:

6993 NW 82 AVE #27
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6993 NW 82 AVE #27
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-4445488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUR, ROBERT
6993 NW 82 AVE #27
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: BAUR ROBERT

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ESCUDERO, PAULINA
Address: 6993 NW 82 AVE #27
City-St-Zip: MIAMI, FL 33166

Title: GM () Delete
Name: CHIRIBOGA, PABLO F
Address: 6993 NW 82 AVE #27
City-St-Zip: MIAMI, FL 33166

Title: DS () Delete
Name: BAUR, ROBERT
Address: 6993 NW 82 AVE #27
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHIRIBOGA, PABLO F
Address: 6993 NW 82 AVE #27
City-St-Zip: MIAMI, FL 33166

Title: GM (X) Change () Addition
Name: ESCUDERO, MARIA P
Address: 6993 NW 82 AVE #27
City-St-Zip: MIAMI, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHIRIBOGA PABLO

P

10/22/2008

Electronic Signature of Signing Officer or Director

Date