

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 29 PM 1:19

DOCUMENT # P06000134976

1. Corporation Name

ANDRADE MENDONCA REALTY GROUP, CORP.

REINSTATEMENT 07-10

600173447836
03/29/10--01064--030 **600.00
CR2E081 (11/09)

| | | | |
|---|--|---|--|
| 2. Principal Office Address - No P.O. Box # 7501 E TREASURE DRIVE Suite, Apt. #, etc. SUITE 102 City & State NORTH BAY VILLAGE, FL Zip 33141 Country USA | | 3. Mailing Office Address 7501 E TREASURY DRIVE Suite, Apt. #, etc. SUITE 102 City & State NORTH BAY VILLAGE, FL Zip 33141 Country USA | |
|---|--|---|--|

4. Date Incorporated or Qualified
To Do Business in Florida 10/24/2006

5. FEI Number
87-0785511

☐ 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
JOAO C MENDONCA
Street Address (P.O. Box Number is Not Acceptable)
7757 CRESPI BLVD
Suite, Apt. #, Etc.
City
MIAMI BEACH
State
FL
Zip Code
33141

☒ 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

REGISTERED AGENT MUST SIGN

Date 03/24/2010

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 | JOAO P MENDONCA | 7757 CRESPI BLVD | MIAMI BEACH, FL 33141 |
| VP | EURIDICE A MENDONCA | 7757 CRESPI BLVD | MIAMI BEACH, FL 33141 |
| | | | |
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| | | | |

10. E-mail Address: acesar@live.com

(To be used 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 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. 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:

JOAO C MENDONCA

03/24/2010 (305) 479-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #