PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State Division of Corporations			2008 FEB 18 AM 8: 05	
DOCUMENT # P06000 135446 1. Corporation Name			TALLAHA	ARY OF STATE SSEE, FLORIDA
Andy & Mani	Construc	tion, Inc.		
2. Principal Office Address - No P.O. Box a		ice Address	REINSTATE	MENT 07-08
Suite, Apt. #, etc.	Suite, Apt. #, e	tc.	4- Date Incorporated or Qualifier To Do Business in Florida	1 ,
City & State Brade wton, FL	City & State		5. FEI Number 86 - 117 66-3	0 25 06 Applied For Not Applicable
34208 Country 34208 US	Zip	Country	6. CERTIFICATE OF STATUS DESIR	375
7. Name and Address of Current Registered Agent				
Name JUNIOT 6. Alvaren ga Street Address (P.O. Box Number is Not Acceptable) 2403 Str. Ave. E. Suite, Apt. #, Etc.		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.		the entity did not receive y checking this box, you prior notices were not
Bradenton		FL 34208		
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 X JUNIUV A/VEVEN SQ. REGISTERED AGENT MUST SIGN				
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 Ear Officer and/or Direct	ch or	City / State / Zip
P Alvarenga,	Junior G.	3316 Dudley S	Strade Strade	TH, # 34235
				TAENT
			DEINSTAT	21-178
			- 000110	
			02/28/080100	7.1.5 **3 **3 ***3 ************************
10. 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 paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: X JUNIUN DIARENSA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				