2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000007878

1. Entity Name
ANDRADE CORPORATION

FILED
05 NOV -1 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
11/04/2005 REIN-P CR2E098 (6/04)

Principal Place of Business	Mailing Address
255 E FLAGLER ST SUITE #201-203 MIAMI, FL 33131 US	255 E FLAGLER ST SUITE #201-203 MIAMI, FL 33131 US

2. Principal Place of Business	3. Mailing Address
PLAZA BUILDING / 245 SE 1st ST.	PLAZA BUILDING / 245 SE 1 STREET
Suite, Apt. #, etc.: SUITE # 241	Suite, Apt. #, etc.: SUITE # 241
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. FEI Number: 65-0387511 ☐ 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
ANDRADE, EROS 255 E FLAGLER ST STE 201-203 MIAMI, FL 33131	Name: ANDRADE, EROS Street Address (P.O. Box Number is Not Acceptable): PLAZA BUILDING / 245 SE 1st STREET - SUITE #241 City: MIAMI **FL** Zip Code: 33131

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] 10-29-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $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	DP ANDRADE, EROS J 15025 SW 88 LANE MIAMI, FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS TANAKA ANDRADE, KATHERINE R 15025 SW 88 LANE MIAMI, FL 33196	☐ 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 700061085037 11/01/05--01064--003 **158.75
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
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 exemption stated in Section 119.07(3)(i), 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] 10-29-2005 305-372-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell NOV 1 2005