

2005 FOR PROFIT CORPORATION REINSTATEMENT

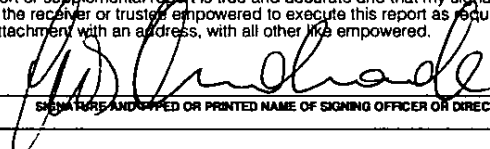
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # P93000007878					
1. Entity Name ANDRADE CORPORATION					
Principal Place of Business 255 E FLAGLER ST SUITE #201-203 MIAMI, FL 33131 US			Mailing Address 255 E FLAGLER ST SUITE #201-203 MIAMI, FL 33131 US		
2. Principal Place of Business PLAZA BUILDING / 245 SE 1ST ST.		3. Mailing Address 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 ANDRADE, EROS 255 E FLAGLER ST STE 201-203 MIAMI, FL 33131			7. Name and Address of New Registered Agent		
			Name ANDRADE, EROS		
			Street Address (P.O. Box Number is Not Acceptable) PLAZA BUILDING		
			245 SE 1ST STREET - SUITE # 241		
			City MIAMI		Zip Code FL 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 			DATE 10-29-2005		
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	11/01/05--01064--003 ***158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 fees empowered.					
SIGNATURE: 			Date 10-29-2005 Daytime Phone # 305-372-2770		

B. Mitchell NOV 1 2005