

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **093 0000 36904**

99 JUL 28 AM 7:39

1. Corporation Name

ANDRO TECH INC.

Principal Place of Business

Mailing Address

**10813 N.W. 29 STREET
MIAMI, FL 33172**

**600002955416--3
-08/10/99--01028--018
***1358.75 ***1358.75**

REINSTATEMENT 97-59

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10813 N.W. 29 STREET

3. New Mailing Office Address, If Applicable

10813 N.W. 29 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33172

City & State

MIAMI, FL

Zip

33172

Country

DADE

Zip

33172

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/93

5. FE# Number

65-0451296

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
AT, S.V.	ROBERTO GUARDIA	14915 S.W. 80th STREET Unit 221 MIAMI, FL 33193	MIAMI, FL 33193
		14915 S.W. 80th STREET Unit 221	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

PETER GUTIERREZ

Street Address (P.O. Box Number is Not Acceptable)

10813 NW 29 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

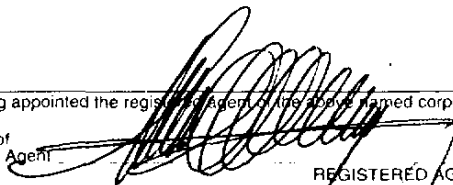
FL

Zip Code

33172

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date

07/23/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/23/99 (305) 944-7700

Date

Daytime Phone #

CR2E081 (12/98)