

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT-22 7PM 2-43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000068207 (8)

1. Corporation Name

ANDEAN SUMMIT CORPORATION

2. Principal Office Address

511 FLAME/VINE LANE

3. Mailing Office Address

511 FLAME/VINE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL 32963

City & State

VERO BEACH, FL 32963

Zip

32963

Country

Zip

32963

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1993

5. FEI Number

65-0445320

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

RAFAEL I. OSPINA

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

511 FLAME/VINE LANE

Suite, Apt. #, Etc.

City

VERO BEACH, FL 32963

State

FL

Zip Code

32963

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

Rafael I. Ospina

Date

July 6, 2001

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 Each Officer and/or Director	City / State / Zip
D	OSPINA, MARIANO H.	511 FLAME VINE LANE	VERO BEACH, FL 32963
D	OSPINA, RAFAEL I.	511 FLAME VINE LANE	VERO BEACH, FL 32963

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 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:

Rafael I. Ospina

RAFAEL I. OSPINA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 6, 2001 (561) 234-3757

Daytime Phone #

CR2E081 (8/00)