

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 16 PM 12:15

DOCUMENT # PA4000036056

1. Corporation Name

ANDY OF U.S.A., CORP.

NOI-2384

2. Principal Office Address

4160 W. 16th Ave.,

3. Mailing Office Address

(SAME)

REINSTATEMENT

09-2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 402

City & State

Hialeah, FL

City & State

Zip

Country

Zip

Country

33012

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida.

5/12/94

5. FEI Number

65-0626105

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

JUAN E. VALDES

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

4160 W. 16th Avenue

Suite, Apt. #, Etc.

Suite 402

City

Hialeah

100004271431 --0

05/18/01 01090-004

****900.00 ****900.00

100004271431 --0

05/18/01 01090-005

****150.00 ****150.00

State

FL

Zip Code

33012

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

Juan E. Valdes

REGISTERED AGENT MUST SIGN

Date

5/9/01

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
PD	EVELIO NAVARRO	4160 W. 16th Ave., Suite 402	Hialeah, FL 33012
SD	JUAN E. VALDES	4160 W. 16th Ave., Suite 402	Hialeah, FL 33012
TD	ALBERTO NAVARRO	4160 W. 16th Ave., Suite 402	Hialeah, FL 33012

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Juan E. Valdes

JUAN E. VALDES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 825-1985

Daytime Phone #

CR2E081 (9/99)