

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 APR 21 AM 8:47

**DOCUMENT # P94000036056**

**1. Corporation Name**

Andy of U.S.A., Corp.

**2. Principal Office Address - No P.O. Box #**

4160 W. 16th Ave.

**3. Mailing Office Address**

4160 W. 16th Ave.

Suite, Apt. #, etc.

Suite 402

Suite, Apt. #, etc.

Suite 402

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33012

Country

USA

Zip

33012

Country

USA

**500150358305**  
04/15/09--01035--031 \*\*1200.00

CR2E081 (12/08)

**4. Date Incorporated or Qualified  
To Do Business in Florida** 5-12-1994

**5. FEI Number**  
650626105

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 Ave.

Suite, Apt. #, Etc.  
Suite 402

City  
Hialeah

State  
FL

Zip Code  
33012

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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*  
JUAN E. VALDES

Date 4-9-09

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| PD     | Evelio Navarro                       | 4160 W. 16th Ave., Suite 402                      | Hialeah, FL 33012  |
| TD     | Alberto Navarro                      | 4160 W. 16th Ave., Suite 402                      | Hialeah, FL 33012  |
| SD     | Juan E. Valdes                       | 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 form do not qualify for an exemption contained in Chapter 119, 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:**

*Evelio Navarro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evelio Navarro

4-9-09

Date

(305)825-1985

Daytime Phone #