

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -4 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000085583**

1. Corporation Name

ANDROMEDA PRODUCTIONS INC.

Principal Place of Business

C/O ARAZOZA & COMAS, P.A.
101 MADERA AVE.
CORAL GABLES FL 33134

Mailing Address

C/O ARAZOZA & COMAS, P.A.
101 MADERA AVE.
CORAL GABLES FL 33134

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



REINSTATEMENT *96*

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1994

5. FEI Number

05-0579627

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
D	ALBERT, JUAN	C/O 101 MADERA AVENUE	CORAL GABLES FL 33134
D	RAEEL ALVARO	C/O 101 MADERA AVENUE	CORAL GABLES FL 33134
D	PEREIRA, NORMA	C/O 101 MADERA AVENUE	CORAL GABLES FL 33134
			400002000754--4 -11/08/96--01090--002 ***375.00 ***375.00
			<i>JB 11-7-96</i>

8. Name and Address of Current Registered Agent

ARAZOZA & COMAS, P.A.
101 MADERA AVE.
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
Arazoza, Comas, de Torres & Fernandez-Fraga, P.A.
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State **FL** Zip Code

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

Teresa de Torres **SIGNATURE REQUIRED**

Date *10/3/96*

REGISTERED AGENT MUST SIGN
Teresa de Torres, Managing Director

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Norma Pereira **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMA PEREIRA

Date *10/11/96*

Daytime Phone #