

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

97 JAN -9 AM 8:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000030538**

1. Corporation Name

ANDESOF, INC.

Principal Place of Business

Mailing Address

**1800 S.W. 27TH AVE.
SUITE 207
MIAMI FL 33145**

**1800 S.W. 27TH AVE.
SUITE 207
MIAMI FL 33145**



REINSTATEMENT

96ao

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

2. New Principal Office Address, If Applicable

1876 N. UNIVERSITY DRIVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1876 N. UNIVERSITY DRIVE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/1995

5. FEI Number

65-058-2454/

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

58.75 Additional Fee required
for a Certificate of Status

Suite 200-B

City & State
PLANTATION, FLORIDA

Zip
33322

Country
U.S.A.

Suite 200-B

City & State
PLANTATION, FLORIDA

Zip
33322

Country
USA

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	GUTIERREZ, ROY	1800 S.W. 27TH AVE., #207	MIAMI FL 33145
			600002056056--5 -01/14/97--01001--018 *****375.00 *****375.00
			600002056056--5 -01/14/97--01001--019 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

**GUTIERREZ, ROY
1800 S.W. 27TH AVE.
SUITE 207
MIAMI FL 33145**

9. Name and Address of New Registered Agent

Name

GUTIERREZ, ROY

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

1876 N. UNIVERSITY DRIVE

Suite, Apt. #, Etc.

Suite 200-B

City

Miami

State

FL

Zip Code

33322

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

Roy Gutierrez

THE REGISTERED AGENT MUST SIGN

Date

09/25/1996

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roy Gutierrez

09/25/1996

Date

(594)-474-2132

Daytime Phone #

CR2E040 (7/96)