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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 00-04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 28 PM 2:08

DOCUMENT # P98000050076

1. Corporation Name
ANDEAN FINANCIAL CORPORATION

2. Principal Office Address
14250 ROYAL HARBOUR CT

Suite, Apt. #, etc.

City & State
FORT MEYERS

Zip 33908 County

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip County

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 52-2106080 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name DAVID MAYER

Street Address (P.O. Box Number is Not Acceptable) 14250 ROYAL HARBOUR COURT

Suite, Apt. #, Etc.

City FORT MEYERS State FL Zip Code 33908

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 1/22/04

REGISTERED AGENT MUST SIGN

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporation(s) must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DAVID MAYER	14250 ROYAL HARBOUR COURT	FORT MEYERS, FL 33908

10. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in section 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for revocation(s) has been eliminated, the corporation resumes the requirements of section 607.0401 or 617.1401, F.S., and 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: DAVID MAYER 1/22/04 239-297-1949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

ANDEAN FINANCIAL CORPORATION

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