

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 JAN 24 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 99000000817

1. Corporation Name

LUANDREWS, INC

2. Principal Office Address

1801 ADMIRALS WAY

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

Zip

33316

Country

3. Mailing Office Address

1801 ADMIRALS WAY

Suite, Apt. #, etc.

City & State

FT. LAUD. FL

Zip

33316

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-04-1999

5. FEI Number

650885020

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

ANDREW ALORRO

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

1801 ADMIRALS WAY

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State
FL

Zip Code

33316

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

Andrew Alorro

Date 1-15-03

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ALORRO, ANDREW	1801 ADMIRALS WAY	FT. LAUDERDALE FL 33316
T	ALORRO, LUANN	1801 ADMIRALS WAY	FT. LAUDERDALE FL 33316

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 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:

Andrew Alorro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03

Date

954 822 4678

Daytime Phone #

CR2E081 (9/01)