

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 17 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000096496

1. Corporation Name

Andel Investment, Inc.

2. Principal Office Address

4631 NW 94th Court

3. Mailing Office Address

P.O. Box 720128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33178

Country

USA

Zip

33172

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/25/99

5. FEI Number

65-0964666

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

Delia R. Lazo

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

4631 NW 94th Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

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

Delia R. Lazo

Date 01/20/04

REGISTERED AGENT MUST SIGN

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

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir	Lazo, Delia R.	4631 NW 94th Court	Miami, Florida 33178
Dir	Lazo, Angel A.	4631 NW 94th Court	Miami, Florida 33178

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(9)(f), 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:

Delia R. Lazo

Delia R. Lazo

01/20/04

(305) 463-8670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #