

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S20949 1. Entity Name D ANDRE AND ASSOCIATES, INC.						FILED 08 APR -7 AM 8:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 13999 SW 142 STREET MIAMI, FL 33186 US				Mailing Address % IVAN A. GOMEZ 601 BRICKLL KEY DRIVE, SUITE 807 MIAMI, FL 33131 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 13999 SW 142 St. Suite, Apt. #, etc.		 REINSTATEMENT 04002008 REIN-P 1 CR2E098 (1/07) 92-08			
City & State MIAMI, FL.		City & State MIAMI, FL.		4. FEI Number 65-0238448		Applied For <input type="checkbox"/> Not Applicable	
Zip 33186	Country US	Zip 33186	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LAZARUS, RICHARD 13999 SW 142 STREET MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS LAZARUS, RICHARD A 13999 SW 142 STREET MIAMI, FL 33186			TITLE NAME STREET ADDRESS CITY - ST - ZIP	200122547752 04/08/08--01015--026 **758.75		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 4/1/08 Daytime Phone #: 385253-7490			