


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 31 PM 5:22

DOCUMENT # **704674**

1. Corporation Name
ANDOVER CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1195 NW 203RD ST P O BOX 69-3435 MIAMI FL 33169 US	1195 NW 203RD ST P O BOX 69-3435 MIAMI FL 33169 US

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



REINSTATEMENT 91

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **08/17/1962**

5. FEI Number **65-0196187**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
V	HUDSON, HORACE	1131 NW 207TH STREET	MIAMI FL 33169
D	WATSON, BARBARA	1240 NW 207TH ST	MIAMI FL
TD	JORDAN, ANNIE LOIS	1195 NW 203RD ST	MIAMI FL
P	ROBERTS, ERNEST	1525 NW 203 ST	MIAMI FL
EX/O	GRATE, DONALD	1245 NW 203 ST.	MIAMI FL
SD	JACKSON, PATRICIA	21031 NE 2ND AVE	MIAMI FL 33169

8. Name and Address of Current Registered Agent

JORDAN, ANNIE LOIS
 1195 NW 203RD ST
 P O BOX 69-3435
 MIAMI FL 33169

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc. **7080004695107-8**

City **MIAMI** State **FL** Zip **33169**

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 *Annie Lois Jordan* Registered Agent Date **10/29/2001**

REGISTERED AGENT MUST SIGN

11. 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.

Barbara Watson
 SIGNATURE: *Barbara Watson* Director Date **10/29/01** Daytime Phone # **305-654-0057**

ANNE LOIS JORDAN - Treasurer / Director
 ANNIE LOIS JORDAN

CR2E040 (8/01)