

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 NOV 15 PM 6:57

DOCUMENT # **F9400006541**

1. Corporation Name

ANDFIELD REALTY HOLDINGS, INC.

Principal Place of Business

Mailing Address

~~95 WHITEBRIDGE ROAD
 STE 212
 NASHVILLE TN 37205~~

~~95 WHITEBRIDGE ROAD
 STE 212
 NASHVILLE TN 37205~~



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

2002 Richard Jones Rd.

Suite, Apt. #, etc. **Suite 200A**

City & State **Nashville TN**

Zip **37215** Country **USA**

3. New Mailing Office Address, If Applicable

2002 Richard Jones Rd.

Suite, Apt. #, etc. **Suite 200A**

City & State **Nashville TN**

Zip **37215** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

12/21/1994

5. FEI Number

62-1548395

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WARFIELD, WILLIAM M	95 WHITE BRIDGE ROAD STE 212 Suite 200A 2002 Richard Jones Rd.	NASHVILLE TN 37205 37215
STD	ANDREWS, NELSON	95 WHITEBRIDGE ROAD STE 212 Suite 200A 2002 Richard Jones Rd.	NASHVILLE TN 37205 37215
SDD	WARFIELD, W. MILES	95 WHITE BRIDGE RD STE 212 Same as above	NASHVILLE TN 37205 37215
SDD	CRABTREE, DAVID P.	95 WHITE BRIDGE RD STE 212 Same as above	NASHVILLE TN 37205 37215
SD	HART, H. RODES JR.	95 WHITE BRIDGE RD STE 212 Same as above	NASHVILLE TN 37205 37215

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name **Barbara A. Burke**
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc. **700004 705397--3**
 City **12/05/01 State of Florida**
*****750.00L ***750.00**

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 **Barbara A. Burke**
BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN

Date **11-13-01**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: **Signature Required**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11-12-01** Daytime Phone # **(615) 352-3300**

CFR2040 (8/01)