

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -4 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500008786815  
11/04/02--01077--008 \*\*150.00



DOCUMENT # M30649

1. Corporation Name

ANDICON CORPORATION

Principal Place of Business

3200 NW 14TH ST  
STE 30  
POMPANO BEACH FL 33064  
US

Mailing Address

3200 NW 14TH ST  
STE 30  
POMPANO BEACH FL 33064  
US

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

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

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/17/1986

5. FEI Number

59-2669126

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
DP	HARRINGTON, LOURDES	440E SAMPLE ROAD # 108	POMPANO BEACH FL 33064

8. Name and Address of Current Registered Agent

HARRINGTON, LOURDES  
1903 N. RIVERSIDE DR,  
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-31-02

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Lourdes HARRINGTON  
Date 10-31-02  
Daytime Phone # 954 943 9052

October 31, 2002

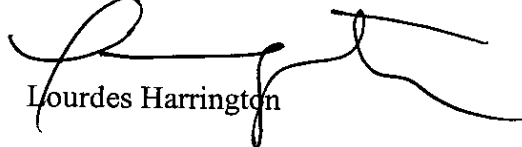
Andicon, ~~Inc.~~ **GRP.**  
3200 E. 14<sup>th</sup> Street Causeway  
Suite 30  
Pompano Beach, FL 33062

Division of Corporations  
Annual Reports  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed my annual report for 2002 and a check for \$150.00. I did not receive my renewal application this year. Please accept my \$150.00 in payment of my annual report.

Sincerely,

  
Lourdes Harrington