

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 24 PM 12:00

DOCUMENT # P04000099809

1. Corporation Name

300 N. Andrews, Inc.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

Suite, Apt. #, etc.

300 N. Andrews Avenue

Suite, Apt. #, etc.

1907 W. Burbank Blvd., 2nd Floor

City & State

Fort Lauderdale, FL

City & State

Burbank, CA

Zip

33301

Country

USA

Zip

91506

Country

USA

7. Name and Address of Current Registered Agent

Name

Gordon Scott Ownbey

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

15887 Southwest Street

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33326

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

2-11-09

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Gordon Scott Ownbey	15887 Southwest St	Davie, FL 33326

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10. I certify that I am an officer or director or the receiver or trustee or 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 contained in Chapter 119, 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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-09

Date

318 842-0800 Ex

Daytime Phone #

105

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