PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 29 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000039997**

1. Corporation Name

ANDREA DEANE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
800 SEAGATE DRIVE SUITE 201 NAPLES FL 34103 US	800 SEAGATE DR SUITE 201 NAPLES FL 34103 US

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

REINSTATEMENT 02

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: **05/18/1995**

5. FEI Number: **65-0596243** ☐ 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	DEANE, ANDREA	2395 LANTERN LANE	NAPLES FL 34102

600006683436
10/29/02--01171--007 **750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~SCHWEIKHARDT, WILLIAM~~ ~~900 SIXTH AVENUE, SOUTH~~ ~~SUITE 203~~ ~~NAPLES FL 33940~~ Andrea Deane 800 Seagate Dr. Sui	Name: Andrea Deane Street Address (P.O. Box Number is Not Acceptable): 800 Seagate Dr. Suite 201 Suite, Apt. #, Etc.: n City: Naples State: FL Zip Code: 34103

CR2E040 (8/02)

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: Andrea Deane SIGNATURE REQUIRED Date: 10/23/2002

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.

239-262-8866

SIGNATURE: Andrea Deane SIGNATURE REQUIRED 10/23/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #