

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

*02 WBR*

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 02 OCT 31 AM 8:01

**DOCUMENT # P99000029265**

1. Corporation Name  
**ANDY'S GREEN THUMB CO.**

Principal Place of Business 9821 NW 23 COURT CORAL SPRINGS FL 33065	Mailing Address 9821 NW 23 COURT CORAL SPRINGS FL 33065
---	---



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		4. Date Incorporated or Qualified To Do Business in Florida <b>03/30/1999</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0925146</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PSD	BLECKER, ANDREW	9821 NW 23 COURT	CORAL SPRINGS FL 33065

300008727443  
 10/31/02 01047 031 \*\*150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HAGEN, KEVIN L 3531 GRIFFIN ROAD FORT LAUDERDALE FL 33312		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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** \_\_\_\_\_ Date \_\_\_\_\_  
 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.

SIGNATURE: *Andrew Blecker* **SIGNATURE REQUIRED** *Andy Blecker*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-02 (954)  
 818-0137  
 Date Daytime Phone

CR2E040 (8/02)

ANDY'S GREEN THUMB, INC.

---

9821 NW 23<sup>rd</sup> Court  
Coral Springs, FL 33065

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To whom it may concern,

The first letter the state sent to me I never received. When I received a notice which included a fine I called the State and was told to send a check with a letter stating that I never received the first letter. I mailed a letter which included check number 1368 in the amount of \$150.00 on July 17, 2002. To date the check has not cleared my account.

I have recently received a Certificate of Administrative Dissolution or Revocation. Once again I called the State and was told to send another check in the amount of \$150.00 along with this notice.

I am sorry for the inconvenience and will be certain that my mail was received, as I am sending it certified, return receipt requested.

Thank you,



Andrew C. Blecker  
President

AB/krm

Enc.