PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 30 AM 10: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G01143

1. Corporation Name

DANIEL M. ANDREWS, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 8525 S HWY 441 CREST PL<br>PO BOX 491271<br>LEESBURG FL 34749-8271 | 8525 S HWY 441 CREST PL<br>PO BOX 491271<br>LEESBURG FL 34749-8271 |

REINSTATEMENT

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: 09/23/1982

5. FEI Number: 59-2220447 — 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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| PST | ANDREWS, DANIEL M | 8525 S HWY 441 | LEESBURG, FL 00000 |
| S | ANDREWS, DANIEL M | 8525 S HWY 441 | LEESBURG, FL 00000 |
| | | | 300002045313--7 |
| | | | -01/03/97--01132--020<br>****375.00 ****375.00 |
| | | | |
| | | | JB 12-31-96 |

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| ANDREWS, DANIEL M<br>8525 S HWY 441 CREST PL<br>LEESBURG FL 34788 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City — State FL — Zip Code |

CR2E040 (7/96)

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: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN  Date 12/24/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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.

DANIEL M. ANDREWS

SIGNATURE: SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  12/24/96 Date  (352) 326-8001 Daytime Phone #

0004119 AF