PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 21 AM 8:00

DOCUMENT # P96000019482

1. Corporation Name
A A N D, INC.

2140 HAWKSRIDGE DR.
2140 HAWKSRIDGE DR.

REINSTATEMENT 02-04 MTD

2. Principal Office Address	**3.** Mailing Office Address
2140 HAWKSRIDGE DR.	2140 HAWKSRIDGE DR.
Suite, Apt. #, etc.: #1703	Suite, Apt. #, etc.: #1703
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34105 Country: COLLIER	Zip: 34105 Country: COLLIER

4. Date Incorporated or Qualified To Do Business in Florida 10/04/2002

5. FEI Number 65-0650552 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DOUGLAS A. WOOD

Street Address (P.O. Box Number is Not Acceptable): 1000 NORTH TAMIAMI TRAIL

Suite, Apt. #, Etc.: #201

City: NAPLES State: FL Zip Code: 34102

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 _____ Date 7/19/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
D	SAMUEL HUBSCHMAN	2140 HAWKSRIDGE DR., #1703	NAPLES, FL 34105
		500039387555 07/21/04 01070 006 **1058.75	

10. 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: _____ 7/12/04 860-8[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #