
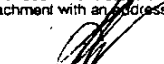


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000019482			
1. Entity Name A A N D, INC.			
Principal Place of Business 2140 HAWKSRIDGE DR #1703 NAPLES, FL 34105		Mailing Address 2140 HAWKSRIDGE DR #1703 NAPLES, FL 34105	
2. Principal Place of Business - No P.O. Box # 2223 TRADE CENTER WAY Suite, Apt. #, etc.		3. Mailing Address 2223 TRADE CENTER WAY Suite, Apt. #, etc.	
City & State Naples FL		City & State Naples FL	
Zip 34109		Country Collier	
4. FEI Number 65-0650552		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUBSCHMAN, ADAM 2223 TRADE CENTER WAY NAPLES, FL 34109		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBSCHMAN, SAMUEL 2140 HAWKSRIDGE DR #1703 NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hubschman, Samuel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2223 Trade Center way Naples FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hubschman, Sidney <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2600 Coach House Ln. Naples FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/8/14 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300107968343 08/13/07--01045--007 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 8/2/07 Daytime Phone #	

FILED

07 AUG 13 PM 2:00

STATE  
FLORIDA

REINSTATEMENT

06-07