

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 18 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 438711

1. Corporation Name
W. E. ANDERSON CO., INC.

Principal Place of Business 3768 KORI ROAD JACKSONVILLE FL 32257-6036	Mailing Address 3768 KORI ROAD JACKSONVILLE FL 32257-6038
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REINSTATEMENT *96*

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 10/23/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1494129	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$9.75 Additional Fee/entry for Certificate of Status</small>	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ANDERSON, WILLIAM E	9021 KINGS COLONY RD	JACKSONVILLE, FL 00000
SD	ANDERSON, VONCILE	9021 KINGS COLONY RD	JACKSONVILLE, FL 00000
VD	ANDERSON, DANIEL S.	12552 PLUMMER GRANT RD.	JACKSONVILLE FL
V	CARTER, MITCHELL J.	40540 GENTLE KNOLL DR. E	JACKSONVILLE FL
			200002040532--8 -12/30/96--01011--015 ***383.75 ***383.75 <i>JB 12-19-96</i>

8. Name and Address of Current Registered Agent ANDERSON, WILLIAM E. 3768 KORI ROAD JACKSONVILLE FL 32217		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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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 *W.E. Anderson* REGISTERED AGENT MUST SIGN Date *12-14-96*

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)(f), 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: *W.E. Anderson* - W. E. ANDERSON / PRES. Date *12-14-96* (904) 268-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR0504 (7/96)