

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # 450219

1. Corporation Name

ANDOVER REED, INC.

Principal Place of Business

**298 SOUTH COUNTY ROAD
PALM BEACH FL 33480-4245**

Mailing Address

**298 SOUTH COUNTY ROAD
PALM BEACH FL 33480-4245**



FILED

98 APR 23 PM 2:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT 97-98

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

04/11/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300 SO COUNTY ROAD

300 SO COUNTY ROAD

City & State

City & State

PALM BEACH, FL

PALM BEACH, FL

Zip

Zip

33480

Country

U S A

Country

U S A

5. FEI Number

59-1538999

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)

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
P P/V/D	BERKE, RICHARD	298 SOUTH COUNTY ROAD 300 SOUTH COUNTY ROAD	PALM BEACH FL 33480

4/23/98

800002502838--4
-04/28/98-01062--013
*******900.00 *****900.00**

8. Name and Address of Current Registered Agent

WARBURTON, SCOTT
1555 PALM BCH. LAKES BLVD. #1800
W. PALM BCH. FL 33401

9. Name and Address of New Registered Agent

Name
ROBERT M.W. SHALHOUB
Street Address (P.O. Box Number is Not Acceptable)
250 AUSTRALIAN AVENUE SOUTH
Suite, Apt. #, Etc.
SUITE 1107
City
WEST PALM BEACH
State
FL
Zip Code
33401

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 ☒

Date ☒ **12/8/97**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 and am 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 119.073(1), 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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/98
Date

(561) 655-6428
Daytime Phone #