

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 # 571540

1. Corporation Name

ANDERSON & FLESHMAN, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1590

P.O. BOX 1590

~~RT-1, BOX 900, VETERANS ROAD~~
SANTA ROSA BCH. FL 32649

~~RT-1, BOX 900, VETERANS ROAD~~ delete
SANTA ROSA BCH. FL 32649



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

05/03/1978

900 Veterans Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

32459

Country

Zip

32459

Country

5. FEI Number

59-1817369

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
PD	FLESHMAN, WADE H. III	RT-1, BOX 900, VETERANS RD 900 Veterans Road	SANTA ROSA BEACH FL
			700002340607--0 -11/06/97--01094--005 ****173.85 ****173.85

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLESHMAN, WADE H. III
~~RT-1, BOX 900, VETERANS ROAD~~
SANTA ROSA BEACH FL 32459

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10-27-97

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-27-97

Daytime Phone #

850-267-2052

CR2040 (8/97)



pg. 2 of 2

ANDERSON & FLESHMAN INC.

Paving & Utility Contractors

P.O. Box 1590 • Santa Rosa Beach, FL 32459

(904) 267-2052 Fax (904) 267-3928

State Lic. #: RX 0051919

October 27, 1997

Department of State
Division of Corporations—Annual Report
ATTN: Amy
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Anderson & Fleshman, Inc.
Document #571540
FEI 59-1817369

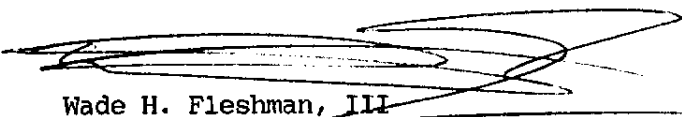
Dear Amy:

Please find enclosed our completed annual report and check in the amount of \$173.75 for reinstatement of the corporation.

We never received the original notice and am very sorry for any inconvenience this may cause you. We receive our mail at the Post Office Box only and have no idea why the one for this year was not received, even though we have received them in the past as they were addressed.

Thank you for your attention to this matter. If there is any further information needed, please do not hesitate to contact the office at the above number.

Sincerely,



Wade H. Fleshman, III
President

WFH/lvt

Enclosures

