

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 21 AM 11:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 837649

1. Corporation Name

Andersen & Associates, Inc.

Attn: CFO

2. Principal Office Address - No P.O. Box #

30575 Andersen Ct.

3. Mailing Office Address

P.O. Box 1015

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wixom Michigan

City & State

Wixom Michigan

Zip

48393

Country

USA

Zip

48393

Country

USA

REINSTATEMENT 08-10

CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business in Florida

01/23/89

5. FEI Number

381722178

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

Tymosko, Dennis J.

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

1360 SW 32nd Way

Suite, Apt. #, Etc.

City

Deerfield Beach, FL

State

FL

Zip Code

33442

PROFIT CORPORATIONS ONLY

The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Dennis J. Tymosko

REGISTERED AGENT MUST SIGN

Date **5/20/10**

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
CD	Campau, Thomas M.	30575 Andersen Ct.	Wixom, MI 48393
P	Campau, Thomas M. JR.	30575 Andersen Ct.	Wixom, Mi 48393
C	O'Dette, James	30575 Andersen Ct.	Wixom, Mi 48393
VP	O'Dette, Robert	30575 Andersen Ct.	Wixom, Mi 48393

700181206807
05/21/10--01039--016 **450.00

AS/24

10. E-mail Address: **andersen.assoc.vend@ccvep2.andersenassoc.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

AS/24

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/10

Date

Daytime Phone #