

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02589**

1. Corporation Name

ANDREW HARRIS REALTY CORP.

Principal Place of Business

7012 TORREY PINES CIRCLE
PORT ST. LUCIE FL 34986
US

Mailing Address

7012 TORREY PINES CIRCLE
PORT ST. LUCIE FL 34986
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8832 ONE PUTT PLACE
Suite, Apt. #, etc.

City & State

PORT ST LUCIE

Zip

34986

Country

ST LUCIE

3. New Mailing Office Address, If Applicable

8832 ONE PUTT PLACE
Suite, Apt. #, etc.

City & State

PORT ST LUCIE

Zip

34986

Country

ST LUCIE

4. Date Incorporated or Qualified
To Do Business in Florida

07/17/1989

5. FEI Number

65-0130928

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 3	City / State / Zip 4
DVP	SCHLOSSER, GERALD	7012 TORREY PINES CIRCLE	PORT ST. LUCIE FL 34986
DP	SCHLOSSER, RENEE	7012 TORREY PINES CIRCLE	PORT ST. LUCIE FL 34986

100024173751
10/27/03--01111--004 **150.00

8. Name and Address of Current Registered Agent

SCHLOSSER, GERALD
7012 TORREY PINES CIRCLE
PORT ST. LUCIE FL 34986

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Gerald Schlosser

REGISTERED AGENT MUST SIGN

Date

10/22/03

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 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:

Gerald Schlosser **GERALD SCHLOSSER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/03

Daytime Phone #

712 467-4180

CR2E040 (7/03)

ANDREW HARRIS REALTY CORP.
7012 TORREY PINES CIRCLE
PORT ST LUCIE, FL 34986

OCTOBER 22, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

GENTLEMEN:

WE RECEIVED THE ENCLOSED "APPLICATION FOR REINSTATEMENT", ON
OCTOBER 20, 2003. HOWEVER THE ORIGINAL ANNUAL RENEWAL APPLICATION
WAS NEVER RECEIVED. ENCLOSED IS THE APPROPRIATE FEE FOR AN ANNUAL
RENEWAL (\$150.00). WE WOULD APPRECIATE YOUR CONSIDERATION IN
ACCEPTING THIS PAYMENT IN FULL, AS IT WAS ALWAYS OUR INTENTION TO
MAINTAIN A CURRENT CORPORATE STATUS.

THANK YOU,


GERALD SCHLOSSER

VICE PRESIDENT
ANDREW HARRIS REALTY CORP.