

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L200000011079**

1. Limited Liability Company's Name

**G.E. Andrews & Associates,
LLC**

FILED
14 DEC 12 AM 8:10
ALACHUA COUNTY, FLORIDA

CR2E041 (1/14)

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

6 Bassett Creek Trail North P.O. Box 247

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hobe Sound FL

City & State

Hobe Sound, FL

Zip **33455**

Country **USA**

Zip

33475

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/29/2010

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

The Rev. George E. Andrews II

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

6 Bassett Creek Trail North

Suite, Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33455

600260067466

05/12/14--01003--008 **243.75

600260067466

12/16/14--01011--006 **142.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

George E. Andrews II

REGISTERED AGENT MUST SIGN

Date **November 2014**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MAN	George E. Andrews II	6 Bassett Creek Trail North	Hobe Sound, FL 33455

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager

George E. Andrews II

Date

11/16/14

Daytime Phone #

508 971-9404

Typed or printed name of signing Authorized Representative/Manager

GEORGE E. ANDREWS II