

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 SEP 22 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300135223423
09/22/08--01060--007 **458.75

DOCUMENT # L41652

1. Corporation Name

ANDREW BRYER INC.

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

6231 IKES CABIN COURT

Suite, Apt. #, etc.

City & State

PALMETTO, FLORIDA

Zip

34221

Country

MANATEE

3. Mailing Office Address

6231 IKES CABIN COURT

Suite, Apt. #, etc.

City & State

PALMETTO, FLORIDA

Zip

34221

Country

MANATEE

4. Date Incorporated or Qualified
To Do Business in Florida

1/08/1990

5. FEI Number

592986467

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

ANDREW J. BRYER

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

6231 IKES CABIN COURT

Suite, Apt. #, Etc.

City

PALMETTO, FLORIDA

State

FL

Zip Code

34221



The 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

Andrew J. Bryer

REGISTERED AGENT MUST SIGN

Date 9/18/2008

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
preside	ANDREW J. BRYER	6231 IKES CABIN COURT	PALMETTO, FLORIDA 34221

10. 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 contained in Chapter 119, 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:

Andrew J. Bryer ANDREW J. BRYER 9/18/08 722-743-7909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell SEP 22 2008