

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 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L41652**

1. Corporation Name

ANDREW BRYER, INC.

Principal Place of Business

6711 PARK STREET SOUTH
ST. PETERSBURG FL 33707

Mailing Address

6711 PARK STREET SOUTH
ST. PETERSBURG FL 33707

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

01/08/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2986467

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BRYER, ANDREW	6711 PARK STREET SO.	ST. PETERSBURG FL

700024178587
10/27/03--01118--003 **150.00

8. Name and Address of Current Registered Agent

BRYER, ANDREW
6711 PARK STREET SOUTH
ST. PETERSBURG FL 33707

9. Name and Address of New Registered Agent

Name **William H. Krodel EA, PA**
Street Address (P.O. Box Number is Not Acceptable)
4437 Central Ave.
Suite, Apt. #, Etc.
St. Petersburg, FL 33173
City **XXX** Phone **(727) 327-6979** 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

William H. Krodel
REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

Andrew Bryer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

Wm. H. Krodel & Associates

**Tax Accounting
Individuals, Businesses, Corporations**

Enrolled To Practice Before IRS

October 23, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Andrew Bryer, Inc.
6711 Park Street South
St. Petersburg, FL 33707
FEIN-59-2986467
Document # L41652

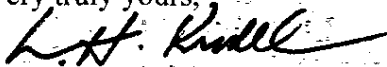
Notice of Administrative Dissolution or Revocation

Thank you for the above notice. However, the taxpayer does not agree with this action for the following reason:

- The taxpayer has been out of town on business for most of the year.
- Upon reviewing his mail he discovered that he never did receive the initial or second UBR notice.
- The taxpayer has never previously failed to file and pay his UBR in a timely manner.

We consider this to be "REASONABLE CAUSE" to reinstate the corporation without additional penalties. Enclosed is his check for \$150.00 for the original filing fee. If this corporation is not reinstated, consider this a request for a hearing with the Department Manager. Your cooperation in this matter is appreciated. If there are any further questions please advise.

Very truly yours,



William H. Krodel EA, PA