

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**

**FILED**

**98 NOV 23 AM 10:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**400002699634--4**  
-12/01/98--01090--017  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

**REINSTATEMENT**

98

**DOCUMENT # L53919 (REINSTATEMENT FOR 1998)**

1. Corporation Name

**ANDERSON INVESTMENT GROUP, INC.**

Mailing Address

**1001 Foster Road  
Sebastian, FL 32958**

Principal Place of Business

**1001 Foster Road  
Sebastian, FL 32958**

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**3-1-90**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-3333352**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVST	Fred W. Anderson	1001 Foster Road	Sebastian, FL 32958
D	Fred W. Anderson	1001 Foster Road	Sebastian, FL 32958

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-12/01/98--01090--016  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

8. Name and Address of Current Registered Agent

**Fred Anderson  
1001 Foster Road  
Sebastian, FL 32958**

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.

Signature of  
Registered Agent

*Fred W. Anderson*  
REGISTERED AGENT MUST SIGN

Date

**11/5/98**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as I made under oath.

SIGNATURE:

*Fred Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/4/98**

Daytime Phone #

CP2ED00 694