PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

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1. Corporation Name

ANDICO, INC.

Principal Place of Business

Mailing Address

1311 N. CHURCH AVE. TAMPA FL 33607 1311 N. CHURCH AVE.

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SECRETARY OF STATE TALLAHASSEE, FLORIES

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If above a	Iddresses are	incorrect in any way, line the	rough incorrect is	nformation a	nd enter correction below.	REINS	TATEMEN	1 02		
				New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 05/22/2000			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- FELAL		<u> </u>			
City & State	3		City & State	City & State		<u> </u>		Applied For Not Applicable		
Žip		Country	Žip		Country	6. CERTIFICATE		.75 Additional Fee required for a Certificate of Status		
7. Names a	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprof	it corporations must list at lea	ast 3 directors)				
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City / S	tate / Zip		
D, ,	HABER, R	ICHARD M		1311 N.	CHURCH AVE.	,	TAMPA FL 33607			
D	LYNN, AN	DREW J		1311 N.	CHURCH AVE.		TAMPA FL 33607			
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						201 11/12/	00089390 0201091029	72 **750.00		
	, , , , , , , ,									
	8. Nam	e and Address of Current I	Registered Age	nt -	Name	9. Name and Address of New Registered Agent				
HABER, RICHARD M 1311 N. CHURCH AVE.					O. Box Number	is Not Acceptable)				
TAMPA FL 33607			Suite, Apt. #, Etc.							
					City		State	Zip Code		
I, being ignature of Registered A	:	e registered agent of the abo	ye named corpo		miliar with and accept the ob	oligations of Section	on 607.0505, F.S. or 617.050	5, F.S.		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/02

Daytime Phone

Y.