

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN -2 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT**

1. Corporation Name

Andover Mortgage

901000035431

9418 W Parkvillage drive  
9418 W Parkvillage drive

2. Principal Office Address

9418 W Parkvillage drive

3. Mailing Office Address

9418 W Parkvillage drive

Suite, Apt. #, etc.

suite 110

Suite, Apt. #, etc.

suite 110

City & State

Tampa Fl

City & State

Tampa Fl

Zip

33626

Country

usa

Zip

33626

Country

usa

4. Date Incorporated or Qualified  
To Do Business in Florida 2001

5. FEI Number  
65-1082612

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

07/17/03 0108 05 758 25

**7. Name and Address of Current Registered Agent**

Name

Christian M Nawn

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

9607 Dunscroft Lane

Suite, Apt. #, Etc.

City

Tampa Fl

State

FL

Zip Code

33626

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

Date 05/25/05

REGISTERED AGENT MUST SIGN

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
p	Christian M Nawn	9607 Dunscroft Lane	Tampa Fl 33626

4000037578004  
06/02/04--01048--002 \*\*291.25

STATEMENT 02-04

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 under section 119.07(3)(l), 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:

Christian M Nawn

05/25/04

813-891-1965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)