

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000106232**

1. Corporation Name

DREW EDWARDS & ASSOCIATES INC.

Principal Place of Business

Mailing Address

**11933 AMBER LEAF COURT
JACKSONVILLE FL 32223**

**11933 AMBER LEAF COURT
JACKSONVILLE FL 32223**



100009464411

12/11/02--01027--005 **150.00

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

11/01/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3754150

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

Zip

Country

Zip

Country

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
PD	EDWARDS, DREW W	11933 AMBER LEAF COURT	JACKSONVILLE FL 32223

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**EDWARDS, DREW W
11933 AMBER LEAF COURT
JACKSONVILLE FL 32223**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-09-02

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 DREW W EDWARDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-09-02 904-288-0264

CR2E040 (8/02)

**Drew Edwards & Associates
11933 Amber leaf Court
Jacksonville, Florida 32223
904-288-0264**

December 9, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Reinstatement of Drew Edwards & Associates

Dear Sir or Madam:

Please find enclosed the application for reinstatement along with the filing fee of \$150.
To the best of my knowledge we did not receive two UBR notices for filing and have no
record of such notification.

Sincerely,



Drew W. Edwards
President
Drew Edwards & Associates

Enclosures: