

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV -6 PM 2:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

CR2E081 (1/07)

06-07

DOCUMENT # **P04000037390**

1. Corporation Name

ANDH INC.

2. Principal Office Address - No P.O. Box #

7545 NW 125 WAY

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PARKLAND, FL

City & State

FL.

Zip

33076

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/25/04

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SCOTT HERTZ

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

7545 NW 125 WAY

Suite, Apt. #, Etc.

City

PARKLAND, FL

State

FL

Zip Code

33076



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Scott Hertz
REGISTERED AGENT MUST SIGN

Date **11/02/07**

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
D	ANN HERTZ	7545 NW 125 WAY	PARKLAND, FL 33076

000112473840
11/21/07--01007--008 **300.00

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 contained in Chapter 119, 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:

Ann Hertz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/02/07

Date

Daytime Phone #

954-385-3431

NOV - 6 2007