

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000071710

1. Entity Name
ANDERSON & ANDERSON INVESTMENT, INC.



FILED

06 DEC 19 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11925 STARBRIDGE LANE
WEST PALM BEACH, FL 33414

Mailing Address
11925 STARBRIDGE LANE
WEST PALM BEACH, FL 33414

2. Principal Place of Business

3. Mailing Address

2003 Bayview Heights
Suite, Apt. #, etc. 286

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

San Diego, Ca

Zip

Country

Zip

92105

Country

U.S.A.



4. FEI Number
20-1090167

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, JACKELINE
6930 NW 186TH STREET SUITE 206
MIAMI, FL 33015

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

000082623210
12/19/06--01011--012 **150.00

10. OFFICERS AND DIRECTORS

TITLE PCEO
NAME ANDERSON, JACQUELINE ☐ Delete
STREET ADDRESS 11925 STARBRIDGE LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE VSD
NAME ANDERSON, MARK ☐ Delete
STREET ADDRESS 11925 STARBRIDGE LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J.C. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2022

Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 6327
Tallahassee, FL 32314

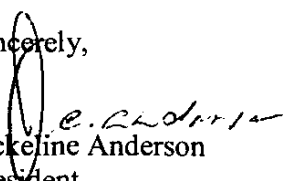
Re: Anderson & Anderson Investment, Inc.
P04000071710

To Whom It May Concern:

The reason for this letter is to request to the Department of State for a waiver of the surcharge on the Corporation Annual Report. The reason for that is that on April last year we have submitted our company's annual report for the required fees payment attached. Little we new that that information never got to your department and now we are faced we a \$600.00 surcharge. Please also notice that our company has relocated is main office to California and that could has contributed to the lack of knowledge we have about our corporation status.

Please accept our apology and we would like you to accept our request to submit our Annual Report paying the amount of \$150.00. Thank you in advance for your cooperation in this matter.

Sincerely,


Jackeline Anderson
President