

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 FEB 24 PM 12:00

DOCUMENT # P04000099809

1. Corporation Name

300 N. Andrews, Inc.

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

Suite, Apt. #, etc.

300 N. Andrews Avenue

City & State

Fort Lauderdale, FL

Zip

33301

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

1907 W. Burbank Blvd., 2nd Floor

City & State

Burbank, CA

Zip

91506

Country

USA

REINSTATEMENT

CR2E081 (12/08)

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

07/01/2004

5. FEI Number

20-1336105

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

Gordon Scott Ownbey

Street Address (P.O. Box Number is Not Acceptable)
15887 Southwest Street

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33326

☒ 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 *X*

Date

2-11-09

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
CEO	Gordon Scott Ownbey	15887 Southwest St	Davie, FL 33326

900144313099

02/24/09--01043--007 **758.75

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-11-09

Daytime Phone #

318 542-0800 Ex

105