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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 MAR 17 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P050000C4221

**1. Corporation Name**

ANDERDAUGHTER, INC.

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

600 N° GRANDVIEW ST

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

MT. DORA, FL

City & State

Zip

Country

32757

Zip

Country

REINSTATEMENT 07-08  
CR2E081 (12/07)

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

**5. FEI Number**

11-3748882

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

MARGARET ANDERSEN

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

600 N° GRANDVIEW ST

Suite, Apt. #, Etc.

City

MT. DORA

State

FL

Zip Code

32757

☒ 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

Margaret Andersen

REGISTERED AGENT MUST SIGN

Date

2/13/08

**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
PS	MARGARET ANDERSEN	600 N° GRANDVIEW ST	MT. DORA, FL 32757

**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:

Margaret Andersen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/13/08 352-735-4002

Daytime Phone #

2/3/17

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ANDERDAUGHTER, INC.  
600 NORTH GRANDVIEW STREET  
MT. DORA, FL 32757

(352) 735-4002

February 13, 2008

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

RE: Anderdaughter, Inc.  
TIN 11-3748882  
Doc No P05000064221

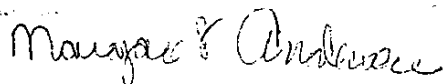
Gentlemen:

My new tax preparer has informed me that my corporation was involuntarily dissolved on 9/14/2007 for failure to file my 2007 annual report. My prior accountant did not make me aware of the need to file annual reports with the State of Florida, and I don't have a record of receiving a notice from you.

Paying the large reinstatement fee would be a financial hardship on my business, so I am respectfully requesting that you waive the reinstatement fee. Enclosed please find my 2007 Annual Report with a check for \$ 150.00.

Please do not hesitate to call if you have any questions, or if you need any additional information.

Sincerely,



Margaret Andersen  
President

Enc.