

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2010 AUG 10 P 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P30623

1. Corporation Name

G.A. ANDRON & CO., INC.

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

89 NORTH INDUSTRY CT.

Suite, Apt. #, etc.

City & State

DEER PARK, NY

Zip

11729

Country

US

3. Mailing Office Address

89 NORTH INDUSTRY CT.

Suite, Apt. #, etc.

City & State

DEER PARK, NY

Zip

11729

Country

US

200184204202  
08/10/10--01012--005 \*\*1650.00

CR28081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida 07/24/1990

5. FEI Number

561673671

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

REGISTERED AGENT SOLUTIONS, INC.

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

155 OFFICE PLAZA DR.

Suite, Apt. #, Etc.

SUITE A

City

TALLAHASSEE

State

FL

Zip Code

32301

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

SEAN PREWITT, Asst. Secretary  
REGISTERED AGENT MUST SIGN

Date 8-9-10

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
President	Alfons Ravelli	Elementenstraat 13 1014 AR Post Bus 8171 1005 AD	Amsterdam, NL
Authorized Signer	Bryan Johnson	1703 Redwood PL SE	Olympia WA 98501

**REINSTATEMENT**  
0410  
98

10. E-mail Address: andronusa@verizon.net

(To be used for future annual report notification)

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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/10 800 931-3625

Date

Daytime Phone #