

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

00 APR 17 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P38213**

1. Corporation Name

ANDCO INDUSTRIES CORPORATION

2. Principal Office Address

4100 SHERATON COURT

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GREENSBORO, N.C.

City & State

Zip

27410

Country

USA

Zip

Country

**REINSTATEMENT 9600**

4. Date Incorporated or Qualified  
To Do Business in Florida

4-1-92

5. FEI Number

56-0689839

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

JOHN D KYLE

000003219450-8

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

470 NW AIROSO BLVD

-04724700-01017-014

\*\*\*1350.00 \*\*\*1350.00

Suite, Apt. #, Etc.

City

PORT ST LUCIE, FL

State

FL

Zip Code

34983

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

*John D Kyle*

REGISTERED AGENT MUST SIGN

Date 4-16-00

**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/PR	ROBERT H ALLEN, JR	915 BENFIELD	GREENSBORO NC 27410
D/VP/T	JERRY L KYLE	1943 EASTCHESTER DR	HIGH POINT NC 27265
D/S	RAY E MILES	2303 MONTREE COURT	HIGH POINT NC 27265
D/VP	ROBERT H ALLEN, SR	1737 MIRABEAU COURT	HIGH POINT NC 27265
			000003210550-4
			-04/17/00-01029-001
			*****8.75 *****8.75

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

800-476-8900

Daytime Phone #

CR2E081 (9/99)