


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 98 JAN -9 PM 12:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA
APPLICATION FOR REINSTATEMENT		DOCUMENT # <b>093000044309</b>		<b>REINSTATEMENT</b> <i>ad</i> <i>1/9</i>
1. Corporation Name <b>ANDREWS SALES AGENCY</b>		Principal Place of Business / Mailing Address <b>814 ROXMERE RD.                  TAMPA, FL 33609</b>		
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <b>6/21/93</b>
				5. FEI Number <b>59-3193498</b> Applied For / Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	
1. CHM.	ROBERT H. ANDREWS	814 ROXMERE, RD.	TAMPA, FL 33609	
2. PRES.	ELIZABETH M. LOWRY	5413 SELLAS ST.	TAMPA, FL 33611	
3. S/T	BETTY JO ANDREWS	814 ROXMERE RD.	TAMPA, FL 33609	
4.				
5.				
6.			<b>400002398304--8</b> <b>-01/13/98--01057--009</b> <b>***923.75 ***923.75</b>	
8. Name and Address of Current Registered Agent <b>Dana G. Andrews</b> <b>4807 Bayshore Blvd.</b> <b>Tampa, Florida</b> <b>33611</b>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <b>Dana G. Andrews</b> Date <b>1-7-98</b> REGISTERED AGENT MUST SIGN				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)				
12. 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: <b>R.H. Andrews</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Robert H. Andrews Date <b>1/7/98</b>		813 639-0038 Daytime Phone #

CRE040 (12/96)