

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -3 PM 4:23

DOCUMENT # P93000072930

1. Corporation Name

AMANDARON, INC.

Principal Place of Business

4100 LAKE WASHINGTON ROAD
MELBOURNE FL 32934

Mailing Address

4100 LAKE WASHINGTON ROAD
MELBOURNE FL 32934



REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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

10/08/1993

5. FEI Number

59-3204444

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MOXLEY, DANNY C	4100 LAKE WASHINGTON ROAD	MELBOURNE FL 32934
D	MOXLEY, MARILYN E	4100 LAKE WASHINGTON ROAD	MELBOURNE FL 32934

500003533595--4

-01/11/01--01100--016
****750.00 ****750.00

8. Name and Address of Current Registered Agent

ANDERSON, J P
930 S. HARBOR CITY BLVD.
STE. 505
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name

KAREN C. WOLF CPA

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

1692 W. HARBOR BLVD.

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32901

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/29/00

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD

CR2E040 (8/00)