

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

*P94 000042271*

1. Corporation Name

*Anderson LTD, Inc.,  
Limited*

Principal Place of Business

Mailing Address

*9703 WEST Hillsborough Ave.  
Tampa, FL 33615*

*P.O. Box  
260212  
Tampa, FL  
33685*

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

2. New Principal Office Address, If Applicable

*9703 W. Hillsborough Ave*

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

*P.O. Box 260212*

Suite, Apt. #, etc.

City & State

*Tampa, FL*

Zip

*33615*

Country

*US*

City & State

*Tampa, FL*

Zip

*33685*

Country

*US*

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

*59-3252449*

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**FILED**

97 MAR 24 AM 7:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

*96x97*

*mwd*

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>PD</i>	<i>TRACY Anderson</i>	<i>5345 Riverfront Dr Apt B</i>	<i>BRADENTON, FL 34208</i>

*100002124571- C  
-03/26/97--01070--006  
\*\*\*\*923.75 \*\*\*\*923.75*

8. Name and Address of Current Registered Agent

*JOSE R FERNANDEZ  
7211 N. DALE MABRY  
SUITE #216  
TAMPA, FL 33614*

9. Name and Address of New Registered Agent

Name  
*LAMC*  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State  
**FL**  
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

*Jose Fernandez*  
REGISTERED AGENT MUST SIGN

*JOSE R. Fernandez*

Date *3/17/97*

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒ No ☐

(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:

*Tracy Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/17/97*  
Date

*813.249.1400*  
Daytime Phone #

CR2000 (12/96)