

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 NOV -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000046587**

1. Corporation Name

ANDERS ENVIRONMENTAL GROUP, INC.

Principal Place of Business

6175 N.W. 153RD STREET, SUITE 300
MIAMI LAKES FL 33014

Mailing Address

6175 N.W. 153RD STREET, SUITE 300
MIAMI LAKES FL 33014



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

2. New Principal Office Address, If Applicable

9310 S.W. 1ST STREET
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

Zip

33324

Country

BRITAIN

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/1985

5. FEI Number

65-0587167

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
D	ANDERS, DAVID	6175 N.W. 153RD STREET, SUITE 300 9310 S.W. 1ST STREET	MIAMI LAKES FL 33014 FT. LAUDERDALE, FL 33324

500001997455--4
-11/06/96--01032--013
\$\$\$375.00 \$\$\$375.00

8. Name and Address of Current Registered Agent

ANDERS, DAVID
6175 N.W. 153RD STREET, SUITE 300
MIAMI LAKES FL 33014

9. Name and Address of New Registered Agent

Name

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-29-96**

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:

SIGNATURE REQUIRED
DAVID S. ANDERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-96

Date

Daytime Phone #

954-974-1289