

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
 99 AUG 19 PM 2:01

DOCUMENT # 995000046587

1. Corporation Name

Anders Environmental Group, Inc.

Principal Place of Business

Mailing Address

Broward County 503 S.E. 8th street
 Fort Lauderdale, FL 33316

REINSTATEMENT 99-99

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

1995 - JUNE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0587167

Applied For

☒ Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
President	DAVID ANDERS (President)	9310 S.W. 1st street Plantation, FL 33316	Plantation, FL 33316

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DAVID S. ANDERS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVID S. ANDERS
 9310 S.W. 1st Street
 PLANTATION, FL 33324

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

DAVID S. ANDERS

REGISTERED AGENT MUST SIGN

DAVID S. ANDERS
 PRESIDENT

Date 8-6-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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:

DAVID S. ANDERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-99

Date

954-761-8001

Daytime Phone #

CR2001 (12/99)