

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046587

1. Corporation Name

ANDERS ENVIRONMENTAL GROUP, INC.

Principal Place of Business

503 S.E. 8TH STREET
FORT LAUDERDALE FL 33316

Mailing Address

503 S.E. 8TH STREET
FORT LAUDERDALE FL 33316

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

2. New Principal Office Address, If Applicable

4285 S.W. 57TH TERRACE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4285 S.W. 57TH TERRACE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1995

5. FEI Number

65-0587167

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ANDERS, DAVID	9310 S.W. 1ST STREET	PLANTATION FL 33316

500008697715
10/30/02 -- 01041 012 **750.00

8. Name and Address of Current Registered Agent

ANDERS, DAVID
9310 S.W. 1ST STREET
PLANTATION FL 33324

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN
DAVID S. ANDERS Date 10-25-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID S. ANDERS Date 10-25-02
Daytime Phone #

CR2E040 (8/02)