

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 17 AM 8:00

DOCUMENT # P95000046587

1. Corporation Name

ANDERS ENVIRONMENTAL GROUP, INC.

Principal Place of Business

Mailing Address

4285 SW 57 TERR
DAVIE FL 33314

4285 SW 57 TERR
DAVIE FL 33314

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

4285 S.W. 57th TERR
Suite, Apt. #, etc.

4285 S.W. 57th TERR
Suite, Apt. #, etc.

City & State
DAVIE FLORIDA

City & State
DAVIE FLORIDA

Zip
33314

Country
USA

Zip
33314

Country
USA

REINSTATEMENT

03

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)

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

900024726389
11/17/03--01012--009 **750.00

8. Name and Address of Current Registered Agent

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

Change of
Address →
only.

9. Name and Address of New Registered Agent

Name DAVID ANDERS

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

503 SE. 8th STREET

Suite, Apt. #, Etc.

City FT. LAUDERDALE

State FL

Zip Code 33316

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

Date 11-10-03

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

Date

11/10/03

Daytime Phone #

854-445
1191

CR2E040 (7/03)