

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Shirine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 29 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000052846

1. Corporation Name

A & N, INC. OF CHARLOTTE COUNTY

Principal Place of Business

Mailing Address

26166 ARGENTINA DRIVE
PUNTA GORDA FL 33983

26166 ARGENTINA DRIVE
PUNTA GORDA FL 33983



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3105 TAMIANI TRAIL
PUNTA GORDA FL
33950 Charlotte

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1995

5. FEI Number

65-0585102

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	TSIMPEDES, NESTOR	26166 ARGENTINA DRIVE 3105 TAMIANI TRAIL	PUNTA GORDA FL 33983 33950

500003065095--1
-12/09/99--01038--013
*****150.00 *****150.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TSIMPEDES, NESTOR
26166 ARGENTINA DRIVE
PUNTA GORDA FL 33983

Name

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

3105 TAMIANI TRAIL

Suite, Apt. #, Etc.

City

PUNTA GORDA

State

FL

Zip Code

33950

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

REGISTERED AGENT MUST SIGN

Date

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

Daytime Phone #

11-19-99

CR20040 (8-99)

MARSHALL, BURKETT & ASSOCIATES, INC.

(2)

4355 Hancock Bridge Parkway
N. Ft. Myers, FL 33903
941/997-1441

Richard A. Marshall

Wayne D. Burkett
1-888-TAX-TIME

2502 Del Prado Blvd.
Cape Coral, FL 33904
Fax: 941/997-5896

November 23, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Ref: 65-0595102

Gentlemen:

This client never received the first or second notice of the annual report as they were never forwarded to their new address. This application was hand delivered to their business by the new tenants. Client had notified the State of Florida with change of address for sales tax and alcohol tax but did not notify Division of Corporations because he never received the annual report.

Enclosed is fee for corporate annual report that should have been paid in April 1999. Please record change of address for their business. Thank you for your cooperation.

Sincerely,

Richard Marshall

Richard Marshall, EA