

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 21 AM 8:00

DOCUMENT # P96000019482

1. Corporation Name

A A N D, INC.

2140 HAWKSRIDGE DR.

2140 HAWKSRIDGE DR.

2. Principal Office Address

2140 HAWKSRIDGE DR.

Suite, Apt. #, etc.

#1703

City & State

NAPLES, FL

Zip

34105

Country

COLLIER

3. Mailing Office Address

2140 HAWKSRIDGE DR.

Suite, Apt. #, etc.

#1703

City & State

NAPLES, FL

Zip

34105

Country

COLLIER

REINSTATEMENT

02-04
MIR

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/04/2002

5. FEI Number

65-0650552

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DOUGLAS A. WOOD

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

1000 NORTH TAMiami TRAIL

Suite, Apt. #, Etc.

#201

City

NAPLES

State

FL

Zip Code

34102

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 7/19/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--|
| D | SAMUEL HUBSCHMAN | 2140 HAWKSRIDGE DR., #1703 | NAPLES, FL 34105 |
| | | | 500039387555 07/21/04 01070 006 **1058.75 |
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10. 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

7/12/04

Daytime Phone #

860-8666