

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P96000042137

1. Corporation Name

ANDERSON CONSTRUCTION CORPORATION

00 OCT 16 PM 3:03

Principal Place of Business

Mailing Address

3077 9TH STREET  
ORLANDO FL 32820

3077 9TH STREET  
ORLANDO FL 32820



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/17/1996	
City & State		City & State		5. FEI Number	
Zip		Country		59-3381573	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PS	ANDERSON, RAYMOND	3077 9TH ST.	ORLANDO FL 32820
<del>DS</del>	<del>ANDERSON, FRANCES</del> Delete	<del>3077 9TH ST.</del>	<del>ORLANDO FL 32820</del>
			500003430055--3 -10/19/00--01079--027 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDERSON, RAYMOND  
3077 9TH ST.  
ORLANDO FL 32820

Name

Ray Anderson

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

3077 9TH ST.

Suite, Apt. #, Etc.

Orlando

City

Orlando

State

FL

Zip Code

32820

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

Ray Anderson  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-12-00

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:

Ray Anderson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-12-00

10-12-00

To Whom it may concern:

I have received any notice  
of cancellation on my policy.  
Normally it is handled by my  
accountant. In any case I was  
told to write a letter stating  
this & I am enclosing \$50.00 for  
my payment.

Thank You  
Very Much  
Bill Anderson