

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000066268

1. Corporation Name

ANDREW GENERAL CONTRACTORS, INC.

Principal Place of Business

2301 MERCATOR PLACE
ORLANDO FL 32807
US

Mailing Address

2301 MERCATOR PLACE
ORLANDO FL 32807
US

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

2. New Principal Office Address, If Applicable

2301 MERCATOR DRIVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2301 MERCATOR DRIVE

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/1996

5. FEI Number

59-3394707

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	ANDREW, TODD M	2301 MERCATOR DR	ORLANDO FL 32807

000008573750
10/24/02--01083--014 **150.00

8. Name and Address of Current Registered Agent

ANDREW, TODD M
2301 MERCATOR DR
ORLANDO FL 32807

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/02

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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02

Date

407-681-7070

Daytime Phone #

CR20040 (8/02)

10/21/02



Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Re: Application for Reinstatement

To Whom it May Concern;

Enclosed is our corporate application for reinstatement and check for \$ 150.00. We did not receive the two prior UBR notices and therefore are requesting that the \$ 600.00 reinstatement fee be waived.

According to Sean Toner with the Division of Corporations, 850-245-6989, he felt that a state vendor input our address incorrectly into your system. Our mailing address on your form ended with "Place" in lieu of "Drive".

We have never had a problem with receipt or payment of these notices in the past and are requesting that you reinstate our corporation as soon as possible.

Thank you for your assistance in this matter.

Respectfully,
Andrew General Contractors, Inc.

Todd Andrew
President