

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 15 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96 00 00 92143

1. Corporation Name

ANDRES MEDICAR SERVICE, INC

2. Principal Office Address

810 MORSE AVENUE

Suite, Apt. #, etc.

City & State

Schaumburg, ILLINOIS

Zip

60193

Country

USA

3. Mailing Office Address

810 MORSE AVENUE

Suite, Apt. #, etc.

City & State

Schaumburg ILLINOIS

Zip

Country

USA

REINSTATEMENT 00-01

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

11/8/96

5. FEI Number

65-0706835

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

WILLIAM E ANDRES, JR

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

766 PAMELA DRIVE

Suite, Apt. #, Etc.

City

PUNTA GORDA

State

FL

Zip Code

33950

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

William E Andres Jr.

REGISTERED AGENT MUST SIGN

Date **2/12/01**

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
PRES	WILLIAM E ANDRES, JR	766 PAMELA DRIVE	PUNTA GORDA FL 33950
TREAS	WILLIAM E ANDRES, III	810 MORSE AVENUE	Schaumburg IL 60193
VP	VIRGINIA ANDRES	766 PAMELA DRIVE	PUNTA GORDA FL 33950

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:

WE Andres Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

630-894-8484

Daytime Phone #

CR2E081 (9/99)