

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000000513

1. Corporation Name

ANDERSON MFG. & UPHOLSTERY, INC.

2. Principal Office Address - No P.O. Box #

2459 Cheney Highway

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Titusville, Florida

City & State

Zip

32780

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

TENA ANN ANDERSON

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

4605 Robert Street

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32927

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

REGISTERED AGENT MUST SIGN

Date

12/16/2009

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
P/D	Tena Ann Anderson	4605 Robert Street	Cocoa, FL 32927

10. E-mail Address: amui.tena@gmail.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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, I further certify, 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 #

FILED

09 DEC 21 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800163831608
12/21/09--01045--018 **1800.00

REINSTATEMENT

02-09

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1996

5. FEI Number

59-3453529

☐ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.