


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000093461	
1. Entity Name ANDERFORD ENTERPRISES, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 16 PM 1:40

Principal Place of Business P. O. BOX 816 ORANGE PARK, FL 32067-0816	Mailing Address P. O. BOX 616 ORANGE PARK, FL 32067-0816
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2. Principal Place of Business 712 Greystone Lane Suite, Apt. #, etc. Orange Park, FL City & State	3. Mailing Address Suite, Apt. #, etc. City & State
Zip 32073	Country USA

12192006 REIN-P CR2E098 (11/05) 06-07

4. FEI Number 59-3477815	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FORD, NOLA A 712 GREYSTONE LANE ORANGE PARK, FL 32073	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Nola A. Ford* DATE: 12/19/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, NOLA A POST OFFICE BOX 816 ORANGE PARK, FL 32067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nola A. Ford* DATE: 12/19/06 (904) 534-6616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #