

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000005873

FILED
Oct 01, 2009
Secretary of State

Entity Name: ANDREWS BROTHERS PRINTING, INC.

Current Principal Place of Business:

131 HOSPITAL DR.
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 4460
FT.WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 59-3325118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDREWS, DALE
613 BURGUNDY LANE
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DALE ANDREWS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDREWS, DALE
Address: 613 BURGUNDY LANE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP (X) Delete
Name: ANDREWS, DERRELL
Address: 8962 ELLEN CT.
City-St-Zip: NAVARRE, FL 32566

Title: T () Delete
Name: ANDREWS, DEBBIE
Address: 613 BURGUNDY LANE
City-St-Zip: FT.WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE ANDREWS

Electronic Signature of Signing Officer or Director

PRES

10/01/2009

Date