

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 11 PM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P-98000036381

1. Corporation Name

Anderson Communication, Inc.

2. Principal Office Address

7608 S.W. 8th Street

Suite, Apt., #, etc.

3. Mailing Office Address

7608 S.W. 8th Street

Suite, Apt., #, etc.

City & State

N. Lauderdale, FL

City & State

N. Lauderdale, Florida

Zip

33068

Country

USA

Zip

33068-1317

Country

USA

REINSTATEMENT

0204

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0876548

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

Paul Liverpool

300030257613

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

4974 N. University Dr. 1

03/11/04--01014--018 **450 00

Suite, Apt., #, Etc.

City

Lauderhill

State

FL

Zip Code

33351

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

Paul Liverpool

REGISTERED AGENT MUST SIGN

Date

2/24/08

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	NEVILLE ANDERSON	7608 S.W. 8th Street	N. Lauderdale, FL, 33068

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:

Paul Liverpool

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 (957) 746-5011

Date

Daytime Phone #

CR2E081 (01/04)

B

2012

Lass



ACCOUNTING & BUSINESS SERVICES, INC.

4974 North University Drive • Sunrise, FL • 33351

February, 4, 04

*Divisions of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327--
Tallahassee, FL 32314*

Re: Anderson Communications, Inc.

To Whom It May Concern:

In reference to the above co-corporation, my client the president of Anderson Communications, Inc. received a notice of Administrative Dissolution or Revocation from the Dept of State.

It is our Understanding that our client never received any prior notice for the renewal of his corporation. Please make a note that he did not receive his 2003 UBR.

We ask that you please take this into consideration and waive all penalty and late fees. And reinstate back his corporation. Enclosed is a check for the reinstatement.

Yours Respectfully,

*Colleen Pope
Accounting Associate*

998-36381

Ruth Liverpool, President

Phone: 954-746-5011 • Fax 954-746-7996

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BOOKKEEPING • PAYROLL • FINANCIAL STATEMENTS