

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000074679

1. Corporation Name

ANDRE PRO HARDWARE, INC.

99AL

Principal Place of Business

33 N. STATE ROAD 7
BOX 576
HOLLYWOOD FL 33021

Mailing Address

33 N. STATE ROAD 7
BOX 576
HOLLYWOOD FL 33021

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1998

5. FEI Number

65-0859930

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	MELANCON, ANDRE	3300 N. STATE ROAD 7, BOX 476	HOLLYWOOD FL 33021
P, D	Melancon, ANDRE	3300 N. State Road 7, Box 576	Hollywood Fl. 33021

000003050580--4
11/22/99 01020-011
***150.00 ***150.00

8. Name and Address of Current Registered Agent

MELANCON, ANDRE
3300 N. STATE ROAD 7
BOX 576
HOLLYWOOD FL 33021

9. Name and Address of Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-05-99

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andre Melancon

11-05-99

Date

954-704-2150

Daytime Phone #

CR2040 (8/99)


Nov. 5th 99

To: who it may concern;

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I was not aware of this Fee of \$150.00 due in January. I just found out when I received this Reinstatement form. My accounting showed me what the real form look like and I never received it. I'm sending you a check of \$150.00. This is ~~the~~ first year that we have to pay. I think I never seen this form before. Excuse my delay.

Thank you



Andre Pro Hardware Inc.
3300 N. St. Rd 7
#576
Hollywood Fl. 33031

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