

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000000068

1. Corporation Name

ANDREW J. BELFORD, INC.

Principal Place of Business

150 NORTH BEACH RAOD
HOBE SOUND FL 33455

Mailing Address

PO BOX 8006
HOBE SOUND FL 33475

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

N/A

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVP	BELFORD, ANDREW J	150 NORTH BEACH RAOD	HOBE SOUND FL 33455
T	KRISKE, MARY	150 NORTH BEACH RAOD	HOBE SOUND FL 33455

REINSTATEMENT 99-11 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BELFORD, ANDREW
150 NORTH BEACH RAOD
HOBE SOUND FL 33455

Name

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

100003087611--3

Suite, Apt. #, Etc.

01/04/00--01066--018

City

***750.00 ***750.00

State

Zip Code

FL

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-3-99

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-3-99 561-546
6142