

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JAN -9 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000010539

1. Corporation Name  
Andalan, Inc.

2. Principal Office Address  
1516 Moselle Blvd.

3. Mailing Office Address  
1452 Cross Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tallahassee, Florida 32303

City & State  
Fort Oglethorpe, GA 30742

Zip Country  
32303 USA

Zip Country  
30742 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 2/2/1999

5. FEI Number  
59-3568071

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 00-01**

**7. Name and Address of Current Registered Agent**

Name  
Anita Loizeaux

Street Address (P.O. Box Number is Not Acceptable)  
1516 Moselle Blvd.

900003602689-7  
-01/30/01--01075--029  
\*\*\*1800.00 \*\*\*\*900.00

Suite, Apt. #, Etc.

City  
Tallahassee

State Zip Code  
FL 32303

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 Anita Loizeaux

Date 12-22-00

REGISTERED AGENT MUST SIGN

**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
Pres/Dir.	Anita Loizeaux	1516 Moselle Blvd.	Tallahassee, FL 32303
Sec/Dir	Alan White	1066 Cachuma Avenue	Ventura, CA 93004
Trea/Dir	Marc Loizeaux	1516 Moselle Blvd.	Tallahassee, FL 32303
VP/Dir	Daniel Westcott	15 Tuxedo Avenue	Chattanooga, TN 37411
Dir	Robert White	4517 Andrew Jackson Way	Tallahassee, FL 32303
Dir	Rob Simpson	6110 Old Water Oak Dr.	Tallahassee, FL 32308

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: Anita Loizeaux  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-22-00 706 858-4640  
Date Daytime Phone #

CR2E081 (9/99)