

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 19 PM 12:35

DOCUMENT # P99000020993

1. Corporation Name

ANDREW ROSS, INC.

Principal Place of Business

Mailing Address

3153 CLINTMORE ROAD
#105
BOCA RATON FL 33496

3153 CLINTMORE ROAD
#105
BOCA RATON FL 33496

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

03/05/1999

5. FEI Number

650922532

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
pres	Lawrence Balsamo	3153 clintmore rd	Boca Raton FL 33496

800003446838--1
-11/01/00--01051--010
****150.00 ****150.00

10/17/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BALSAMO, LAWRENCE
3153 CLINTMORE ROAD
#105
BOCA RATON FL 33496

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/17/00

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
Lawrence Balsamo

Date 10/17/00

Daytime Phone # 561 496 2378

CR2E040 (8/00)

ANDREW ROSS, INC.
3153 CLINTMORE ROAD, # 105
BOCA RATON, FL 33496
(561) 496-2378

October 17, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

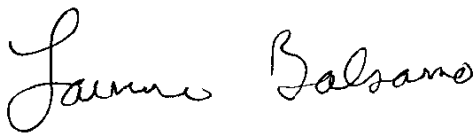
Re: Document No. P99000020993

Dear Sir/Madam:

As per my conversation with your office of October 16, 2000, no prior notification was ever received regarding our Corporate status. Any notice from the State of Florida would be followed by an immediate response to be in accordance with its rules and regulations. According to your office I have enclosed a check in the amount of \$150.00 and an explanation of the circumstances regarding never receiving any notification.

We appreciate your courtesy in this matter.

Sincerely,



Lawrence Balsamo