

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 30 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000026361

1. Corporation Name

Andrews Barbage Service
Arlyn

REINSTATEMENT 03-04

200030709902
03/18/04--01022--018 **350.00

200030709902
03/18/04--01022--017 **350.00

2. Principal Office Address

5649 SE 102 Pk

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belleview, FL

City & State

Belleview FL

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Andrew Heflin

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

3672 SE 132 Pl.

Suite, Apt. #, Etc.

City

Belleview FL

State

FL

Zip Code

34420

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

Andrew Heflin

Date

3-16-04

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
<u>Pres.</u>	<u>Andrew Heflin</u>	<u>3672 SE 132 pl.</u>	<u>Belleview FL 34420</u>
<u>Vic. Pres.</u>	<u>Glenda Reynolds</u>	<u>15 Cedar Drive</u>	<u>Ocala FL 34472</u>
<u>Board Direc.</u>	<u>Mike Brown</u>		
<u>Board Direct.</u>	<u>Mike Heflin</u>	<u>3815 SE 134 pl.</u>	<u>Belleview FL 34420</u>
<u>Board Directors</u>	<u>Theresa Heflin</u>	<u>3815 SE 134 pl.</u>	<u>Belleview FL 34420</u>

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:

Andrew Heflin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-16-04

Daytime Phone #

245-4266

CR2E081 (10/02)

ANDY'S GARBAGE SERVICE

3672 SE 132ND PL

BELLEVIEW FL 34420

DIVISION OF CORPORATIONS

P.O.BOX 6327

TALLAHASSEE FL 32314

pg 2 of 2