

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

*Handwritten initials*

APPLICATION FOR



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

FILED

00 DEC 11 AM 11:59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # **P99000065506**

1. Corporation Name  
**ANDREWS DEVELOPMENT CORPORATION**

Principal Place of Business      Mailing Address  
 730 N SURF RD                      730 N SURF RD  
 OCEAN CITY MD 21842              OCEAN CITY MD 21842

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/23/1999	
City & State		City & State		5. FEI Number	
Zip		Country		52-2189985	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	ANDREWS, DANIEL M SR	730 N SURF RD	OCEAN CITY MD 21842

300003509293-8  
 -12/20/00--01084--009  
 \*\*\*150.00 \*\*\*150.00

*Handwritten: 000002*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
EVANS, STEPHEN L 104 N THOMAS ST PLANT CITY FL 33566		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	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]* **SIGNATURE REQUIRED** Date: **Nov. 2, 2000**  
 REGISTERED AGENT MUST SIGN

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]* **SIGNATURE REQUIRED** Date: **10-20-00** Daytime Phone #: **302-436-8338**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (800)

730 N. SURF RD  
OCEAN CITY, MD 21842

October 24, 2000

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl 32314-6327

To Whom It May Concern:

I am writing to you in regards to a notice that I've just received notifying me of a past due fee for filing corporation papers. This past due notice is the first notice I have ever received stating that a fee was due. I have never received anything in the mail, up until this point, notifying me of this. Please find enclosed my check for the \$150.00 fee that I owe. If I had known sooner that this fee was due, I would have sent it out before now. Also enclosed will be all the appropriate paperwork due as well.

Sincerely,



Daniel Andrews Sr.  
Enclosures

