

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 577378

1. Corporation Name

Andrews Realty, Inc.

2. Principal Office Address - No P.O. Box #

550 N. Red Street

Suite, Apt. #, etc.

104

City & State

Tampa FL

Zip

33609

Country

USA

3. Mailing Office Address

550 N. Red Street

Suite, Apt. #, etc.

104

City & State

Tampa FL

Zip

33609

Country

USA

500354306315  
10/27/20--01008--003 \*\*1200.00

CR25081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/03/1991

5. FEI Number

59-3114762

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

Charlie Peterson

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

6306 S. MacDill Avenue # 908

Suite, Apt. #, Etc.

# 908

City

Tampa

State

FL

Zip Code

33611

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

*Charlie Peterson*  
REGISTERED AGENT MUST SIGN

Date 10/20/20

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
Mr.	Edward Andrew	550 N. Red Street Suite 104	Tampa, FL 33609

10. E-mail Address: EANDREWS@TERRAMANAGEMENTGROUP.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Ed Andrews*  
ED ANDREWS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/20

Date

(813) 870-2640

Daytime Phone #