PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 29 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V34935**

1. Corporation Name

ANDERSON CONTRACT PRODUCTS, INC.

Principal Place of Business	Mailing Address
ROUTE 13. BOX 991 LAKE CITY FL 32055	ROUTE 13. BOX 991 LAKE CITY FL 32055

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 01

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: 05/06/1992

5. FEI Number: 59-3124036 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ANDERSON, CLYDE	RT. 13, BOX 991	LAKE CITY FL
D	ANDERSON, LINDA	RT. 13, BOX 991	LAKE CITY FL

900002385589--4
-12/30/97--01039--003
*****750.00 *****750.00

12/30/97

8. Name and Address of Current Registered Agent

PEEK, DAVID H.
1609 GULF LIFE TOWER
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name: Clyde ANDERSON
Street Address (P.O. Box Number is Not Acceptable): 12116 CR 262
Suite, Apt. #, Etc.:
City: Mc ALPIN | State: FL | Zip Code: 32062

CR2E040 (8/97)

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: Clyde C Anderson Jr Date: 12-26-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Clyde G Anderson Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-97
Date

904 762-7464
Daytime Phone #