

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JAN 23 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V46472**

**1. Corporation Name**

C.W. ANDERSON CONSTRUCTION CO., INC.

**2. Principal Office Address**

340 Royal Poinciana Plaza

Suite, Apt. #, etc.

340

City & State

Palm Beach, Florida

Zip

33480

Country

US

**3. Mailing Office Address**

340 Royal Poinciana Plaza

Suite, Apt. #, etc.

340

City & State

Palm Beach, Florida

Zip

33480

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/28/92

**5. FEI Number**

650361170

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

CHARLES W. ANDERSON

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

186 SAND PIPER AVENUE

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH

State

FL

Zip Code

33411

**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

REGISTERED AGENT MUST SIGN

Date 1/17/2003

**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
PSTD	ANDERSON, CHARLES W.	186 SAND PIPER AVENUE	ROYAL PALM BEACH, FL 33411

**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)(l), 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:**

Charles W. Anderson

01/17/2003 561 833-9631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)