

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

96 DEC 30 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G01143

1 Corporation Name

DANIEL M. ANDREWS, P.A.

Principal Place of Business

Mailing Address

8525 S HWY 441 CREST PL
PO BOX 491271
LEESBURG FL 34749-8271

8525 S HWY 441 CREST PL
PO BOX 491271
LEESBURG FL 34749-8271

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

09/23/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2220447

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
PST	ANDREWS, DANIEL M	8525 S HWY 441	LEESBURG, FL 00000
S	ANDREWS, DANIEL M	8525 S HWY 441	LEESBURG, FL 00000

300002045313--7
-01/03/97--01132--020
***375.00 ***375.00

12-31-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDREWS, DANIEL M
8525 S HWY 441 CREST PL
LEESBURG FL 34788

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Daniel M. Andrews
REGISTERED AGENT MUST SIGN

Date

12/24/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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.

DANIEL M. ANDREWS

SIGNATURE

Daniel M. Andrews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/96

(352)326-8001
Daytime Phone #