

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 DEC -3 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200138414552
12/03/08--01039--010 **1350.00

CR2E081 (10/08)

DOCUMENT # 380870

1. Corporation Name

Anjack Development Corporation

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

3013 Villa Rosa Park

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33611-2839

Country

USA

3. Mailing Office Address

3013 Villa Rosa Park

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33611-2839

Country

4. Date Incorporated or Qualified
To Do Business in Florida April 22, 1971

5. FEI Number
59-1323324

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

John W. Puffer, III

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

3013 Villa Rosa Park

Suite, Apt. #, Etc.

City

Tampa, Florida

State

FL

Zip Code

33611

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

John W. Puffer, III
REGISTERED AGENT MUST SIGN

Date November 30, 2008

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
D,P	John W. Puffer, III	3013 Villa Rosa Park	Tampa, Florida 33611
S	Blanche E. Puffer	3013 Villa Rosa Park	Tampa, Florida 33611
D	Julia P. Smith	2501 Hibiscus Place	Ft. Lauderdale, Florida 33301
D	Jenny P. Elkins	1317 Hempel Avenue	Windermere, Florida 34786

REINSTATEMENT

04-08

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 contained in Chapter 119, 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:

John W. Puffer, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 30, 2008 813-349-4545

Date

Daytime Phone #