

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # ~~593~~ 539233
1. Corporation Name *ANEX Systems Corp.*

FILED

97 AUG -4 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
870 Windriver Dr.
Sykesville, MD 21784

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

REINSTATEMENT 9597

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7-11-1977	
City & State		City & State		5. FEI Number	
Zip		Country		59-1770952	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Anna-Maria Freed	870 Windriver Dr. Sykesville MD 21784	→
VP	D. A. Collier	1170 SAMBASS Bldg. Apt 1802	Denton TX 76205
Sec	H. Freed	13830 Cooley Rd.	Princess Anne MD 21853
			200002261782--1
			-08/08/97-01089-014
			***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

J. Freed
3123 Susan Dr.
Crestview, FL 32536

9. Name and Address of New Registered Agent

Name *A. Freed*
Street Address (P.O. Box Number is Not Acceptable) *3123 Susan Dr.*
Suite, Apt. #, Etc.
City *Crestview* State **FL** Zip Code *32536*

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *7-26-97*

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)(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:

ANNA-MARIA FREED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

7-26-97 410/442-2921

Date

Daytime Phone #

CR2540 (12/96)