

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

DOCUMENT # 658932

1. Corporation Name

ANASTASIA LANES, INC

2. Principal Office Address

C/O 100 ARRICOLA AVE.

3. Mailing Office Address

C/O 100 ARRICOLA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

Zip

32080-4515

Country

ST. JOHNS

Zip

32080-4515

Country

ST. JOHNS

4. Date Incorporated or Qualified

To Do Business in Florida 03/12/1980

5. FEI Number

59-2069575

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

SAMY F. BISHAI

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

4040 VAILL POINT TERRACE

Suite, Apt. #, Etc.

City

ST. AUGUSTINE,

State
FL

Zip Code
32086

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

Samy F. Bishai

REGISTERED AGENT MUST SIGN

Date APRIL 30, 2004

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
PO	SAMY F. BISHAI	4040 VAILL POINT TERRACE	ST. AUGUSTINE, FL 32086
STO	HANAA BISHAI	4040 VAILL POINT TERRACE	ST. AUGUSTINE, FL 32086

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)(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:

Samy F. Bishai SAMY F. BISHAI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date,

904-797-3396

Daytime Phone #

CR2ED81 (01/04)