

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

07 MAR -2 PM 4:05

DOCUMENT # 658932

1. Corporation Name

Anastasia Lanes, Inc.

W7000004515

700092220467
03/12/07--01015--024 **158.75

REINSTATEMENT

05-07

CR2E081 (12/05)

2. Principal Office Address

1 Sebastian Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 3443

Suite, Apt. #, etc.

City & State

Saint Augustine, FL

City & State

Saint Augustine, FL

Zip
32084

Country
St. Johns

Zip
32085-3443

Country
St. Johns

4. Date Incorporated or Qualified
To Do Business in Florida

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 Vail Point Ter

Suite, Apt. #, Etc.

City

Saint 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

REGISTERED AGENT MUST SIGN

Date

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 Vail Point Terr	Saint Augustine, FL 32086
STO	Hanaa Bishai	4040 Vail Point Terr	Saint 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-07

204-797-3326