

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731518

1. Corporation Name

Anchorage Point Property Owners  
ASS IN

2. Principal Office Address

18811 RIO VISTA DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TEQUESTA FL

City & State

Zip

Country

Zip

Country

33469

4. Date Incorporated or Qualified  
To Do Business in Florida

3/18/96

5. FEI Number

59-2352850

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeffrey N DAVESA

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

218 US Hwy. One

Suite, Apt. #, Etc.

City

Tequesta

State  
FL

Zip Code

33469

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of  
Registered Agent

CLIVE Botha

Date 04/04/06

REGISTERED AGENT MUST SIGN

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
PD	CLIVE Botha	18811 RIO VISTA DR TEQUESTA FL 33469	TEQUESTA FL 33469
TD	SANDY FISHER	18812 RIO VISTA	TEQUESTA FL 33469
SD	DAVE JULIE	18 RIO VISTA DR	TEQUESTA FL 33469

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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:

CLIVE Botha PD

Date

04/04/06 (561) 7411951

Daytime Phone #