


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 OCT 29 PM 12: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741487

1. Corporation Name
Anderson Building Association, Inc., a Florida Non Profit Corporation

2. Principal Office Address - No P.O. Box # 1429 60th Avenue West		3. Mailing Office Address 1429 60th Avenue West	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34207	Country USA	Zip 34207	Country USA

300162313493
10/29/09 01034-023 **1522.50
REINSTATE CR2E081 (12/08) 88-09

4. Date Incorporated or Qualified To Do Business in Florida 1/31/1978

5. FEI Number 59-1880873 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
Mary Anne Spencer

Street Address (P.O. Box Number is Not Acceptable)
1429 60th Avenue West

Suite, Apt. #, Etc.
Suite 300

City
Bradenton

State
FL

Zip Code
34207

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 Mary Anne Spencer Date 10-26-09

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
P	Mary Anne Spencer	1429 60th Ave.W, Suite 300,	Bradenton, FL 34207
VP	Judy Ackles	1429 60th Ave.W, Suite 200,	Bradenton, FL 34207
S	Shauna Weeks	1429 60th Ave.W, Suite 200,	Bradenton, FL 34207

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: Mary Anne Spencer 10-26-09 941-755-2674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mary Anne Spencer

10/30/09