

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 759589

**1. Corporation Name**

ANCHORAGE GROUP LIVING HOME, INC.

**2. Principal Office Address - No P.O. Box #**  
5250 SE 122 AVE.

Suite, Apt. #, etc.

City & State  
MORRISTON, FL

Zip  
32668

Country  
USA

**3. Mailing Office Address**  
5250 SE 122 AVE.

Suite, Apt. #, etc.

City & State  
MORRISTON, FL

Zip  
32668

Country  
USA

**7. Name and Address of Current Registered Agent**

Name

BAKALAR & EICHNER, P.A.

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

150 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

SUITE 540

City

PLANTATION

State

FL

Zip Code

33324

**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 FEBRUARY 13, 2007

**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
DP	POINTING, JACQUELYN	5250 SE 122 AVE.	MORRISTON, FL 32668
DV	PADEWER, NANCY	5744 PINE TREE DR.	SANIBEL ISLAND, FL 33959
DT	KELLY, DANIEL	5251 SE 120 CT,	MORRISTON, FL 32668
D	KELLY, ANNE	5251 SE 120 CT.	MORRISTON, FL 32668
D	PADEWER, HARVEY	5744 PINE TREE DR.	SANIBEL ISLAND, FL 33959

**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

PRESIDENT

JAN. 29, 2007 (352) 486-2934

Date

Daytime Phone #

JACQUELYN POINTING, PRESIDENT

FILED

07 FEB 14 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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02/27/07--01006--019 \*\*1536.25

REINSTATEMENT

CR2E081 (1/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

08/12/1981

**5. FEI Number**

592222301

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.