PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC 22 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F79613

1. Corporation Name ANZ IMPORTS, INC.

Principal Place of Business	Mailing Address
2204 Park Place Ponte Vedra Beach Florida 32204	2204 Park Place Ponte Vedra Beach Florida 32204

REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/04/82

5. FEI Number: 59-2192575 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VP/D	Richard Atkinson	2204 Park Place	Ponte Vedra Beach, Fl. 32204

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****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

Ross Manella, Esq.
Manella & Klapholz, LLP
2500 Hollywood Boulevard, Suite 212
Hollywood, Fl. 33020

9. Name and Address of New Registered Agent

Name: Joseph P. Klapholz, Esq.
Manella & Klapholz, LLP
Street Address (P.O. Box Number is Not Acceptable): 2500 Hollywood Boulevard
Suite, Apt. #, Etc.: 212
City: Hollywood State: FL Zip Code: 33020

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 12/20/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: _____ RICHARD ATKINSON 11/8/99. 904 285-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard Atkinson