

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

06 MAR 21 PM 3:30

DOCUMENT # F96000006087

1. Corporation Name

ANB INTERNATIONAL INC

REINSTATEMENT 01-06

2. Principal Office Address

3738 SE OCEAN BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

5357 Route 5

Suite, Apt. #, etc.

PO Box 390

City & State

Seawalls Point FL

City & State

ASECUTNEY, VT

Zip

34996

Country

US

Zip

05030

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9/91

5. FEI Number

03-0331158

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

CLAIRE MURRAY

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

608 Courtside Drive

Suite, Apt. #, etc.

City

NAPLES

State

FL

Zip Code

34105

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

X Claire Murray
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
P	Michael Blackman	608 Courtside Dr.	NAPLES, FL 34105
CEO	CLAIRE MURRAY	608 Courtside Dr.	NAPLES, FL 34105
VP	Garrett Ames	3 Surrey Road	Barrington, RI 02806
VP	KARI MURRAY	631 Laurel Ave	Pacific Grove, CA 93950
SEC	M. Beth Hackett	11 Mill Village Rd.	Cornish, NH 03745

500069441805

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

X Claire Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 8, 2006

Date

508/28 5816

Daytime Phone #

3/27/06