

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB -5 PM 1: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J61909

1. Corporation Name

A N B, INC.

2. Principal Office Address

P O BOX 968

Suite, Apt. #, etc.

3. Mailing Office Address

P O BOX 968

Suite, Apt. #, etc.

City & State

CRESCENT CITY, FL

Zip

32112

Country

USA

City & State

CRESCENT CITY, FL

Zip

32112

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/1987

5. FEI Number

59-2806680

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

John R. Newbold, III

200003661472-3

-02/08/01--01043--005

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

610 Old Highway 17

***900.00 ***900.00

Suite, Apt. #, Etc.

City

Crescent City

State

FL

Zip Code

32112

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

John R. Newbold, III
REGISTERED AGENT MUST SIGN

Date 02/02/01

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
D/P/S	John R. Newbold, Jr.	566 Old Highway 17	Crescent city, Fl 32112
D/T	Linda T. Austin	100 S Tremain St. Unit H-3	Mt. Dora, Fl 32757
D	Forrest Banks	1334 Jambalana Lane	Ft. Myers, Fl. 33901

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/01

Date

904-698-1074

Daytime Phone #

CR2E081 (9/00)