

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JUL -9 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100002936601-- 9  
-07/20/99--01078--010  
\*\*\*\*900.00 \*\*\*\*900.00

DOCUMENT # K19142

1. Corporation Name

Anver Associates Corp.

Principal Place of Business

Mailing Address

2189 NW 53rd Street  
Ft. Lauderdale FL 33309

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

REINSTATEMENT 98-99 @

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 2. New Principal Office Address, If Applicable<br>4631 NW 31st Avenue |  | 3. New Mailing Office Address, If Applicable<br>4631 NW 31st Avenue |  | 4. Date Incorporated or Qualified To Do Business in Florida<br>3/25/88  |  |
| Suite, Apt. #, etc.<br>179  |  | Suite, Apt. #, etc.<br>179  |  | 5. FEI Number<br>65-0100404   |  |
| City & State<br>Ft. Lauderdale FL                                     |  | City & State<br>Ft. Lauderdale FL                                   |  | Applied For<br>Not Applicable   |  |
| Zip<br>33309  |  | Country<br>USA  |  | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip      |
|----------|-----------------------------------|---|-------------------------|
| D        | Jordan, H. Weaver                 | 4631 NW 31 Ave., #179   | Ft. Lauderdale FL 33309 |
| S        | Smith, John A.                    | 5701 Pine Island Rd, #370   | Tamarac FL 33321        |
|          |                                   |   |                         |
|          |                                   |   |                         |
|          |                                   |   |                         |
|          |                                   |   |                         |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Smith, John A.  
5701 Pine Island Road, #370  
Tamarac FL 33321

Name  
Silver & Waldman, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
800 Brickell Avenue, Suite 902  
Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33131

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 July 6, 1999

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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:

*Wenner Jordan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99  
Date

Daytime Phone #

CR2E081 (12/98)