

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 26 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K52895**

1. Corporation Name

ANCLOTE RIVER Development CORP.

2. Principal Office Address

10440 KeyLantern DR.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 2003

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FLA

Zip

Country

34654 USA

City & State

NEW PORT RICHEY, FLA

Zip

Country

34656

USA

REINSTATEMENT 97-01

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1988

5. FEI Number

592936806

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

DAVID W. WILLIAMS

000003912360--9

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

10440 Key Lantern Dr.

Suite, Apt. #, Etc.

City

New Port Richey

State
FL

Zip Code

34654

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

[Signature]

Date **2/26/01**

REGISTERED AGENT MUST SIGN

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	DAVID W. WILLIAMS	10440 Key LANTERN DR	New Port Richey, FL 34654
DV	D. Dewey MITCHELL	9108 U.S. HWY 19	Port Richey, FL 34668
S	Peter LITTLE	4708 S.R. 595 Holiday, FL 34690	Holiday, FL 34690
T	ALAN CRUMBLEY	9108 U.S. HWY 19	Port Richey, FL 34668

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]

DAVID W. WILLIAMS

2/26/01

Date

727-861-0775

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)