

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

APPLICATION  
FOR  
REINSTATEMENT



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

97 NOV -6 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K94368**

1. Corporation Name  
**ANCHOR MANAGEMENT GROUP, INC.**

Principal Place of Business 1801 SOUTH HARBOR CITY BLVD. ONE HARBOR PLACE, SUITE 710 MELBOURNE FL 32901	Mailing Address 1801 SOUTH HARBOR CITY BLVD. ONE HARBOR PLACE, SUITE 710 MELBOURNE FL 32901
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 06/09/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2951838	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SPACCIO, LOUIS J.	911 TOLUCA STREET, SE	PALM BAY FL
S	SPACCIO, DAWN	911 TOLUCA STREET, SE	PALM BAY FL

700002342137--6  
-11/07/97--01111--016  
\*\*\*\*750.00 \*\*\*\*750.00

*8/11/97*

8. Name and Address of Current Registered Agent SPACCIO, LOUIS J. 1901 SOUTH HARBOR CITY BLVD. ONE HARBOR PLACE, SUITE 710 MELBOURNE FL 32901		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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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: *Louis Spaccio* RECORDED AGENT MUST SIGN Date: 10/28/97

11. This corporation owes or has paid 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: *Louis Spaccio* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/28/97 Daytime Phone #: 407-951-0157

CR2E040 (8/97)