

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP 15 AM 8:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000013966

1. Limited Liability Company's Name

Anchor Management Group, LLC

2. Principal Office Address

1320 N. Lake Shipp Dr

Suite, Apt. #, etc.

Suite 100

City & State

Winter Haven, FL

Zip

33880

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

same

Country

same

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3726941

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Benjamin Castleberg

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

1320 N. Lake Shipp Drive SW

Suite, Apt. #, Etc.

Suite 100

City

Winter Haven

State

FL

Zip Code

33880

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Philip Castleberg	1366 Long Hill Dr.	Apopka, FL 32782
MGR	Benjamin Castleberg	1320 N. Lake Shipp Dr.	
		Suite 100	Winter Haven, FL 33880

REINSTATEMENT

8003-2004

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date

Daytime Phone # (863) 289-2826

Typed or printed name of signing Managing Member/Manager