

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



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

FILED

98 JUN 10 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT # L94000000556**

ANCOR LIMITED LIABILITY COMPANY  
345 E. STATE ROAD 436, SUITE 101  
FERN PARK, FL 32730

1a. Principal Place of Business Address

345 E. STATE ROAD 436, #101  
FERN PARK, FL 32730

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

10/13/94

FL

4. FEI Number

☐ Applied For

☐ Not Applicable

59-3227147

5. Date of Last Report

6. Certificate of Status Desired

3/20/96

See 75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

SHARON VAN CAMP  
1324 EDGEWATER DR  
ORLANDO, FL 32804

Name

DAVID CROWDER

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

345 E. STATE ROAD 436

Suite, Apt. #, etc.

SUITE 101

City

FERN PARK

Zip Code

FL

32730

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

6/5/98

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

M	VAN TONDER, CORNELIUS	345 E. STATE ROAD 436	FERN PARK, FL 32730
M	CRONJE, JACOB A	345 E. STATE ROAD 436	FERN PARK, FL 32730
M	VAN TONDER, CORNELIUS	345 E. STATE ROAD 436	FERN PARK, FL 32730

400002560544-1  
-06/16/98-01047-001  
\*\*\*\*877.50 \*\*\*\*877.50

REINSTATEMENT 97.98  
Dec

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

6/5/98

Daytime Phone #

(407) 876-4782

Typed or printed name of signing Managing Member/Manager

Cornelius van Tonder