

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6 297.50

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000001756

1. Corporation Name

ANYIL COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

1960 BRUTON BLVD
ORLANDO FL 32805

1960 BRUTON BLVD
ORLANDO FL 32805

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/2000

5. FEI Number

59-3672477

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
PD	GREEN, SAMUEL L	1960 BRUTON BV	ORLANDO FL 32805
VPD	THOMAS, CLIFF	1960 BRUTON BV	ORLANDO FL 32805
SD	CRAWFORD, DANA	1960 BRUTON BV	ORLANDO FL 32805

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8. Name and Address of Current Registered Agent

BOWEN, ANNE-MARIE L
1516 E HILLCREST STREET STE 103
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name

Samuel L. Green

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

1960 Bruton Blvd.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32805

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. or 617.0505, F.S.

Signature of
Registered Agent

Samuel L. Green
REGISTERED AGENT MUST SIGN

Date

11. 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:

Samuel L. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/26/03

Daytime Phone #

FILED

03 JUN -3 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

0203

CR2040 (8/02)