

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -6 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000007274

1. Corporation Name

Anaole International, Inc.

2. Principal Office Address - No P.O. Box #

14810 SW 170th Street

3. Mailing Office Address

1971 W. Lumsden Rd

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 132

City & State

Archer, FL

City & State

Brandon, FL

Zip

32618

Country

US

Zip

33511

Country

US

700155530957
05/06/09--01021--002 **367.50

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida 7/15/2005

5. FEI Number
16-1761489

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

Brenda G. Kearse

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

1007 Davis Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33619

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Brenda G. Kearse
REGISTERED AGENT MUST SIGN

Date April 27, 2009

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
P	Brenda G. Kearse	1007 Davis Drive	Tampa, FL 33619
T/CIO	Ben L. Graham	275 Laureen Ln SE, Ste 100	Mableton, GA 30126
S/CM	Anterro A. Graham	1012 Crown Landing Parkway	McDonough, GA 30252
	<i>[Signature]</i>		

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 contained in Chapter 119, 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:

Brenda G. Kearse
Brenda G. Kearse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2008 813-766-1767

Date

Daytime Phone #