

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 OCT 30 AM 10:51

**DOCUMENT #** N06000011259

1. Corporation Name

Anchor Road Commerce Center Condominium Association, Inc.

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

1800 Pembroke Drive

Suite, Apt. #, etc.

Ste 350

City & State

Orlando

Zip

FL

Country

32810-6928

3. Mailing Office Address

1800 Pembroke Drive

Suite, Apt. #, etc.

Ste 350

City & State

Orlando

Zip

FL

Country

32810-6928

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
Oct 27, 2006

5. FEI Number

20-5894337

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
Yes

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NAI Realvest / Dee Figliolia

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

1800 Pembroke Drive

Suite, Apt. #, Etc.

Ste 350

City

Orlando

State

FL

Zip Code

32810

200278680492  
10/30/15--01037--018 \*\*245.00

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

*Dee M. Figliolia*  
REGISTERED AGENT MUST SIGN

Date 10/22/15

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
Pres	Randall Birchmier	549 N. Wymore Road, Suite 206	Maitland, FL 32751
V Pres	Harold Clark	300 Ryder Lane, #1000	Casselberry, FL 32707
Sec	Shannon Talty	207 Reece Way #1625	Casselberry, FL 32707

REINSTATEMENT - 2015

10. E-mail Address: DFigliolia@realvest.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*R. Birchmier*

RANDALL R. BIRCHMIER

10/22/15

407-786-9724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C.S.