

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42303

1. Corporation Name

ANCHOR STONE INTERNATIONAL, INC.

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

822 Crescent Valley Ranch Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davenport, FL

City & State

FL

Zip

33837

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/1991

5. FEL Number

59-3068217

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
William James

Street Address (P.O. Box Number is Not Acceptable)
822 Crescent Valley Ranch Rd.

Suite, Apt. #, Etc.

City
Davenport

State
FL

Zip Code
33837

☐ 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

William James
REGISTERED AGENT MUST SIGN

Date

3/9/07

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-	Jerry Bowen	2239 Bethlehem Church Rd. NE	Floyd, VA 24091
S	William James	822 Crescent Valley Ranch Rd.	Davenport, FL 33837
T	Rose Bowen	2239 Bethlehem Church Rd. NE	Floyd, VA 24091
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			600097215846 04/17/07--01036--023 **81.25

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:

Rose Bowen

Rose Bowen

2/26/07

Date

(540) 745-5335

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR