

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 16 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 800000015224

1. Corporation Name

Anitron, Inc.
216 Catalonia Avenue, Suite 101B
Coral Gables, FL 33134

REINSTATEMENT 01-04

600028782666
02/16/04--01013--022 **150.00

600028782666
02/16/04--01013--021 **1200.00

2. Principal Office Address

216 Catalonia Avenue

3. Mailing Office Address

4133 SW 46th Drive

Suite, Apt. #, etc.

Suite 101B

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Gainesville, FL

Zip

33134

Country

USA

Zip

32606

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/14/2000

5. FEI Number

593624372

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

Mark A. Ebelini

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

1625 Hendry Street

Suite, Apt. #, Etc.

Suite 301

City

Fort Myers

State
FL

Zip Code

33901

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

Mark A. Ebelini

Date 2/11/04

REGISTERED AGENT MUST SIGN

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/D	Abdul H. Muhammed, II	4133 NW 46th Drive	Gainesville, FL 32606

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 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:

Abdul H. Muhammed, II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/04

Date

(352) 281-7888

Daytime Phone #

CR2503 (10/02)