

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 APR 15 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

00000048984

1. Corporation Name

A.N.M.O., Inc

2. Principal Office Address

6819 MIRAMAR PKWY

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

Zip

33023

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/17/00

5. FEI Number

65-104368

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

ORESTES PABLOS

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

12110 NW 5th Ct

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

[Signature]

Date 4/10/02

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 |
|--------|--------------------------------------|---|----------------------|
| PRES | ORESTES PABLOS | 12110 NW 5th Ct | PLANTATION, FL 33324 |
| | | | |
| | | | |
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 (954) 322-8707

Date

Daytime Phone #

lewis a. desaritz, p.a.
certified public accountant

member of:
florida institute of certified public accountants

suite 301
7481 west oakland park blvd.
lauderhill, florida 33319

lewis a. desaritz, c.p.a

954-742-6677
954-742-0476 (fax)

April 10, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

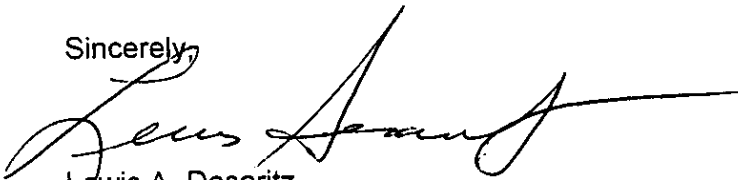
Re: A.N.M.O., Inc.
P00000048984
65-1014368

Dear Sirs,

I am writing on behalf of my client requesting reinstatement of the corporation. My client sent in the Uniform Business Report along with \$550.00 but the form was rejected because he did not fill in the Federal ID#. We were not aware of this until just the other day. We are enclosing the additional \$350.00 required along the application for reinstatement.

As my client did not receive the rejection notice and the state has had my client's \$550.00 all this time, we respectfully request an abatement of the additional fees

Sincerely,



Lewis A. Desaritz
Certified Public Accountant