

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 11 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **PO0000074628**

1. Corporation Name

ANR ENTERPRISES, INC.

2. Principal Office Address

4803 DISTRIBUTION CT #4

3. Mailing Office Address

4803 DISTRIBUTION CT #4

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32822

Country

USA

Zip

32822

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/7/2000

5. FEI Number

59-3669946

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

NASREEN CHAUDHRY

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

8661 FORTSHEA AVE

Suite, Apt. #, Etc.

ORLANDO

City

FL

State
FL

Zip Code

32822

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

Nasreen Chaudhry

REGISTERED AGENT MUST SIGN

Date **12/06/2002**

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	NASREEN CHAUDHRY (PRESIDENT)	8661 FORTSHEA AVE	ORLANDO, FL 32822

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

Nasreen Chaudhry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/12

ANR ENTERPRISES, INC.

4803 DISTRIBUTION CT, UNIT#4

ORLANDO, FL 32822

PHONE: 407-482-8060

FAX:407-482-3130

DIVISION OF CORPORATIONS

ATTN: ANNUAL UNIFORM BUSINESS REPORT

December 6, 2002

WE WOULD LIKE TO BRING IT TO YOUR ATTENTION THAT WE DIDN'T RECIVE AN APPLICATION OR THE NOTICE TO FILE ANNUAL UNIFORM BUSINESS REPORT BECAUSE OF CHANGE OF BUSINESS ADDRESS. WE REQUEST YOU TO WAIVE ANY LATE PANALTY AND ACCEPT ATTACHED APPLICATION FOR RENEWAL.

THANKS FOR-YOU CO-OPERATION IN THIS MATTER

FAITHFULLY,

Nasreen Chaudhry

NASREEN CHAUDHRY