

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

06 OCT -2 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110936

1. Corporation Name

ANACO SUPPLY, Inc.

2. Principal Office Address

14748 SW 56 ST

Suite, Apt. #, etc.

#164

City & State

Miami - Florida

Zip

33185

Country

dade

3. Mailing Office Address

14748 SW 56 ST

Suite, Apt. #, etc.

#164

City & State

Miami - Florida

Zip

33185

Country

dade

REINSTATEMENT 01-06

4. Date Incorporated or Qualified
To Do Business in Florida

12-01-2000

5. FEI Number

20-5603125

☒ 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

Miguel Fernandez

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

14748 SW 56 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33185

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

Miguel Fernandez

Date

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	SAN MARTIN OSMAID	6464 SW 166 court	Miami - FL 33193

900080695709
10/10/06--01058--006 **1500.00

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:

Osmaido San Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **K. Eckel** OCT 2 2006 Daytime