

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 29 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000006092

1. Corporation Name

Anderson + Harris Enterprises, Inc.

2. Principal Office Address

1757 Rachel's Ridge Loop

Suite, Apt. #, etc.

City & State

Ocoee, FL

Zip

34761

Country

USA

3. Mailing Office Address

Same as Principal

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Jan. 16, 2001

5. FEI Number

593691247

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 83

400025600724
12/18/03--01020--011 **750.00

7. Name and Address of Current Registered Agent

Name

Anthony Anderson

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

1757 Rachel's Ridge Loop

Suite, Apt. #, Etc.

City

Ocoee

State

FL

Zip Code

34761

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

Anthony Anderson

REGISTERED AGENT MUST SIGN

Date 12/15/03

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
<u>P</u>	<u>Anthony Anderson</u>	<u>1757 Rachel's Ridge Loop</u>	<u>Ocoee, FL 34761</u>

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:

Anthony Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Anderson 12/15/03 (407)2999568

Date

Daytime Phone #

CR2E081 (10/02)