

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 18 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000008828**

1. Corporation Name

Anchor Recovery, Inc.

W03 -35205

2. Principal Office Address

12555 Biscayne Blvd

Suite, Apt. #, etc.

PMB 455

City & State

North Miami FL

Zip

33181

Country

USA

3. Mailing Office Address

12555 Biscayne Blvd

Suite, Apt. #, etc.

PMB 455

City & State

North Miami FL

Zip

33181

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

1/22/01

5. FEI Number

05-1074357

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

Monica Savits

400024818574

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

~~12555 Biscayne Blvd PMB 455~~

Suite, Apt. #, Etc.

1940 NE 153 ST

City

North Miami

State
FL

Zip Code

33181 3314 2

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

REGISTERED AGENT MUST SIGN

Date

11/17/03

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
DP	monica savits	12555 Biscayne Blvd PMB 455	North Miami/FL/33181
D	Harvey meshel	4740 N 36 Court	Hollywood/FL/33021
DV	Raul Corbo	2430 NE 136 ST #207	North Miami/FL/33181

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/03

Date

305-895-0388

Daytime Phone #

CR25081 (10/02)