

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 14 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P010000018597**

1. Corporation Name

ANRA Property Management, Inc

2. Principal Office Address

12931 S.W. 17 COURT

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

Zip

33027

Country

Miami Dade

3. Mailing Office Address

The same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1078913

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

RAFAEL BETANCOURT

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

12931 S.W. 17 COURT

Suite, Apt. #, Etc.

City

MIRAMAR

State
FL

Zip Code

33027

700036938797

05/19/04--01061--014 **308.75

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]

REGISTERED AGENT MUST SIGN

Date **05/10/04**

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 | Angela Kolish | 12931 S.W. 17 Court | MIRAMAR, FL 33027 |
| VP | RAFAEL BETANCOURT | 12931 S.W. 17 COURT | MIRAMAR, FL 33027 |
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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]

Rafael Betancourt

05/10/04 (305) 715-9775 x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

109

CR20081 (01/04)

TR