

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -2 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000063805

1. Corporation Name

ANOMAR Financial Services Inc

2. Principal Office Address

1371 N.W. 171st

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIA

City & State

FL

Zip

33169

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0984974

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Ramona Nickson

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

1371 N.W. 171st

Suite, Apt. #, Etc.

City

MIA

State

FL

Zip Code

33169

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

Ramona Nickson

REGISTERED AGENT MUST SIGN

Date

3/1/04

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	Ramona Nickson	1371 N.W. 171 st	MIA, FL 33169

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

Ramona Nickson

Date

3/1/04

Daytime Phone #

(754) 2350843

CR2E081 (10/02)

Anomar Financial Services, Inc.

1371 NW 171st Street, Miami, FL 33169

Telephone (305) 621-1027

MARCH 1, 2004

Secretary of State
Division of corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

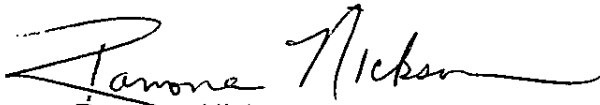
RE: Document #P01000063805, Renewal

To Whom It May Concern:

Dear Madam,

Pursuant to our conversation today, please be advised that we did not receive a 2003 Uniform Business Report in January at all. Based on your recommendation we are submitting a Corporation Reinstatement as well as cashiers check for \$300.00. Will it be possible for you to waive any other fees that have been incurred?

Thank you,


Ramona Nickson
President