

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -2 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# **101000063805**

1. Corporation Name

Anomar Financial Services Inc

2. Principal Office Address

1371 NW 17th Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33179

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/27/2001

5. FEI Number

65-0984974

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

Ramona Nickson

Street Address P.O. Box Number is Not Acceptable

1371 NW 17th Street

Suite, Apt. #, Etc.

City

Miami

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 550r.5, F.S.

Signature of
Registered Agent

Ramona Nickson

REGISTERED AGENT MUST SIGN

Date

9/30/03

9. Names and Street Addresses of Each Officer and/or Director Florida non-profit corporations must list at least directors

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	Ramona Nickson	1371 NW 17th St. Miami FL 33169	Miami, FL 33169

10. I certify that I am an officer or director or trustee or officer or trustee empowered to execute this application as provided for in chapter 605, F.S. If further certification is required by the Department of State, the reason for dissolution has been eliminated, the corporation's name satisfies the requirements of section 605.01, F.S., and 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 605.01, 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:

Ramona Nickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/03
Date

(305) 6230967
Daytime Phone #

Annomar Financial Services, Inc.

1371 NW 171st Street, Miami, FL 33169

Telephone (305) 623-0967

September 30, 2003

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

Re: Document #P01000063805, Renewal

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 a check for \$558.75 for processing. Thank you.

Yours truly,

A handwritten signature in cursive script, appearing to read "Ramona Nickson".

Ramona Nickson
President