

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000114535

1. Corporation Name

ANCHOR DOCK AND DECK, INC.

Principal Place of Business

~~1101 NW 31 AVE~~
POMPANO BEACH FL 33069

Mailing Address

~~1101 NW 31 AVE~~
POMPANO BEACH FL 33069

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~1121 3-275 West Hillsboro~~
Suite, Apt. #, etc.

~~Boulevard Suite 207~~

City & State
~~Deerfield Bch FL~~

Zip
~~33442~~

Country

3. New Mailing Office Address, If Applicable

~~3-275 West Hillsboro~~
Suite, Apt. #, etc.

~~Boulevard Suite 207~~

City & State
~~Deerfield Bch FL~~

Zip
~~33442~~

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/2001

5. FEI Number

65-0812655

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GIDNEY, KENNETH	1101 NW 31 AVE 1121 NW 31 Avenue	POMPANO BEACH FL 33069

8. Name and Address of Current Registered Agent

COLEMAN, ANTHONY G JR
3275 W HILLSBORO BLVD, #207
DEERFIELD BEACH FL 33442

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-14-02

11. 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

Date

Daytime Phone #

10/29/02 954 964-0122

02 NOV 18 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800008755518
11/01/02--01038--015 **750.00



REINSTATEMENT 02

CR2E040 (8/02)