

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2012 APR 27 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000051606**

1. Corporation Name

Anchorage Yacht Basin, Inc.

2. Principal Office Address - No P.O. Box #

96 E Eau Gallie Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

96 E Eau Gallie Blvd

Suite, Apt. #, etc.

City & State

Indian Harbor Beach, FL

City & State

Indian Harbor Beach, FL

Zip

32937

Country

USA

Zip

32937

Country

USA

CR2E081 (11/10)

4. Date incorporated or Qualified  
To Do Business in Florida

May 6, 2002

5. FEI Number

02-0603127

☐ 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

Edward G Nelson Jr

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

96 E Eau Gallie Blvd

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32901

600232433186  
04/27/12--01040--001 \*\*1050.00

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

*Edward G Nelson Jr*  
REGISTERED AGENT MUST SIGN

Date 04/18/12

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	Edward G Nelson	3425 Garden Street	Titusville, FL 32796
VP	Edward G Nelson Jr	96 E Eau Gallie Blvd	Indian Harbor Beach, FL 32937

10. E-mail Address: landlaccounting@yahoo.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Edward G Nelson Jr* Edward G. Nelson Jr 04/18/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #