2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000076610

1. Entity Name
ANIL, INC.

FILED
05 MAR -3 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/25459 011 $80.00

11302004 REIN-P CR2E098 (6/04)

04-05

Principal Place of Business	Mailing Address
736 DEL PRADO DRIVE KISSIMMEE, FL 34758	736 DEL PRADO DRIVE KISSIMMEE, FL 34758

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 54-2066929 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARRION, JULIO ESQ 600 NORTH THACKER AVENUE SUITE D-29 KISSIMMEE, FL 34741	Name: CARRION, JULIO ESQ. Street Address (P.O. Box Number is Not Acceptable): 120 BROADWAY AVENUE, SUITE 203 City: KISSIMMEE FL Zip Code: 34741

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: JULIO R CARRION, ESQ. RESIDENT AGENT 02/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMACHO, ANTONIO	NAME	800043078908
STREET ADDRESS	736 DEL PRADO DRIVE	STREET ADDRESS	12/01/04--01003--001 **200.00
CITY-ST-ZIP	KISSIMMEE, FL 34758	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	800043078908 ☐ Addition
NAME	CAMACHO, ILKA	NAME	03/09/05--01061--004 **150.00
STREET ADDRESS	736 DEL PRADO DRIVE	STREET ADDRESS	REINSTATEMENT 04-05
CITY-ST-ZIP	KISSIMMEE, FL 34758	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

JR

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ilka Camacho ILKA CAMACHO 1-10-05 407-402-3522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #