

1 of 2

APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAR 17 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000082734

1. Corporation Name

ANGLOIBERIAN, INC.

200068561712
03/24/06--01007--016 **600.00

REINSTATEMENT 03-06 *RSK*

CR2E081 (12/05)

2. Principal Office Address

1717 E. Bush Blvd.

Suite, Apt. #, etc.
Suite
702

City & State

Tampa FL

Zip Country
33612 USA

3. Mailing Office Address

1717 E. Bush Blvd

Suite, Apt. #, etc.

Suite 702

City & State

Tampa FL

Zip Country
33612 USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/31/2002

5. FEI Number

0562285960

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

Reinaldo J. Rose

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

1717 E. Bush Blvd.

Suite, Apt. #, Etc.

Suite 702

City

Tampa

State

FL

Zip Code

33612

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

Reinaldo J. Rose
REGISTERED AGENT MUST SIGN

Date February 23, 2006

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	Reinaldo J. Rose	1717 E. Bush Blvd. Suite 702 Tampa FL	Tampa FL 33612

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 contained in Chapter 119, 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:

Reinaldo J. Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 23, 2006 813.245.1069
Date Daytime Phone #

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ANGLOIBERIAN, INC.
1717 E. Bush Blvd.
Suite 702
Tampa, FL 33612

Document Number: P02000082734

To whom it may concern;

This is my letter of non-receipt. I did not receive my annual report notices in the year of dissolution /revocation. There has been a change of address from:

9267 51st Street North
Pinellas Park FL 33782

To:

1717 E. Bush Blvd.
Suite 702
Tampa FL 33612

If you have any questions please call Ray at 813.245.1069.

Sincerely,



Ray Rose
ANGLOIBERIAN, INC