

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05000217999

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 12 PM 12:46

DOCUMENT # **P02000123916**

1. Corporation Name

ANTHONY J. LIGA & ASSOCIATES, INC.

2. Principal Office Address

7405 HEMLOCK LANE

3. Mailing Office Address

P.O. BOX 20095

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

SARASOTA, FLORIDA

Zip

34241

Country

SARASOTA

Zip

34276

Country

SARASOTA

4. Date Incorporated or Qualified To Do Business in Florida

11/20/02

5. FEI Number

01-0754733

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

BRENT J. MYERS

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

3859 BEE RIDGE ROAD

300054861229

05/19/05--01057--003 **450.00

Suite, Apt. #, Etc.

SUITE 101

City

SARASOTA

State

FL

Zip Code

34233

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

Brent J. Myers

REGISTERED AGENT MUST SIGN

Date

2/16/05

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
D	ANTHONY J. LIGA	7405 HEMLOCK LANE	SARASOTA, FLORIDA 34241

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 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 #

3-31-05

FORM 600 (REV. 10/03)

ANTHONY J. LIGA & ASSOCIATES, INC.
P.O. Box 20095
Sarasota, Florida 34276

February 15, 2005

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Re: Annual Uniform Business Report, 2003
F.E.I.N. 01-0754733

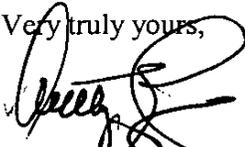
Dear Sir/Madam:

This letter is to request that the Florida Department of State reinstates ANTHONY J. LIGA & ASSOCIATES, INC., F.E.I.N. 01-0754733, to an active status without penalty.

Our report was not filed in a timely manner due to never receiving notice from the State regarding the 2003 Annual Uniform Business Report. Enclosed please find our check in the amount of \$150.00 to cover the original filing fee along with our report.

Please notify us of your response to this letter in writing to the above address.

Thank you for your consideration and assistance in this matter.

Very truly yours,

Anthony J. Liga
Enclosures

ANTHONY J. LIGA & ASSOCIATES, INC.
P.O. Box 20095
Sarasota, Florida 34276

February 15, 2005

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Re: Annual Uniform Business Report, 2004
F.E.I.N. 01-0754733

Dear Sir/Madam:

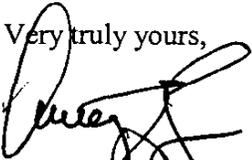
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