

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 MAY -6 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000018192**

1. Corporation Name

NA

**ANSELM INTERNATIONAL INVESTMENT, CORP**

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

**9100 S DADELAND BLVD**

Suite, Apt. #, etc.

**STE 912**

City & State

**MIAMI, FLORIDA**

Zip

**33156**

Country

**USA**

3. Mailing Office Address

**9100 S DADELAND BLVD**

Suite, Apt. #, etc.

**STE 912**

City & State

**MIAMI, FLORIDA**

Zip

**33156**

Country

**USA**

**500128567415**

05/06/08--01009--005 \*\*450.00

CR2E081 (12/07) **06-08**  
**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**38-3677223**

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

**AURELIO A PIEDRA**

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

**9100 S DADELAND BLVD**

Suite, Apt. #, Etc.

**STE 912**

City

**MIAMI**

State  
**FL**

Zip Code  
**3315**

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date **4-28-08**

REGISTERED AGENT MUST SIGN

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
PD	ALONZO E SULBARAN	9100 S DADELAND BLVD	MIAMI, FL 33156

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

Date

305-671-0003

Daytime Phone #

2082

VARGAS, PIEDRA & CO.  
CERTIFIED PUBLIC ACCOUNTANTS

MEMBERS  
AMERICAN AND FLORIDA  
INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

ONE DATRAN CENTER  
9100 SOUTH DADELAND BLVD.  
SUITE 912  
MIAMI, FLORIDA 33156  
TELEPHONE  
(305) 671-0003  
FAX  
(305) 671-6263

April 28, 2008

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: ANSELM INTERNATIONAL INVESTMENT, CORP.

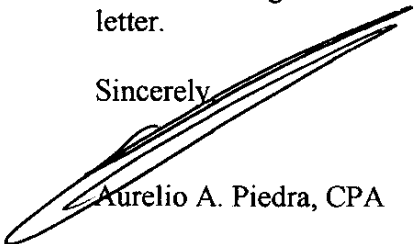
Enclosed you shall find a check in the amount of \$450.00 for the reinstatement of the above mentioned company.

Please note as per our telephone conversation that the owner of this company never received the annual reports for the years 2006, 2007 and 2008. The address that was stated on the annual report was not correct.

We ask that you please abate penalties due accordingly. Thank you for your cooperation regarding this matter.

We have changed old address to correct address stated on annual report as well as on this letter.

Sincerely,



Aurelio A. Piedra, CPA