

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT 25 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000108230

1. Corporation Name

ANATGRAPHICS CORP.

2. Principal Office Address

1731 N.E. 198 Terrace

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33179

Country

US

3. Mailing Office Address

1731 N.E. 198 Terrace

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33179

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2003

5. FBI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

500042699525
11/12/04--01069--010 **150.00

7. Name and Address of Current Registered Agent

Name

BENHAMRON, ANAT

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

1731 N.E. 198 Terrace

Suite, Apt. #, Etc.

City

Miami

State

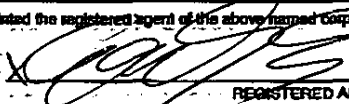
FL

Zip Code

33179

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



REGISTERED AGENT MUST SIGN

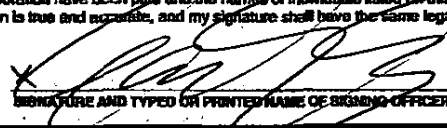
Date: 10 OCT 10 2004

9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P	ANAT BENHAMRON	1731 NE 198 Terrace	Miami / FL / 33179

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)(b), 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

10 OCT 10 2004 33179627178

Daytime Phone #

CRS/2004 (01/04)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE FIRST NOTICE FOR THE YEAR 2004 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,

A stylized, handwritten signature in black ink, appearing to read 'Anat Benhamrom', written over a horizontal line.

ANAT BENHAMROM
PRESIDENT