

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 # **PO3000108230**  
1. Corporation Name

**ANAT GRAPHICS CORP.**

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

2. Principal Office Address  
**1731 N.E 198 Terrace**  
Suite, Apt. #, etc.

3. Mailing Office Address  
**1731 N.E 198 Terrace**  
Suite, Apt. #, etc.

City & State  
**Miami FL**  
Zip  
**33179** Country  
**US**

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  \$9.75 Additional Fee required for a Certificate of Status

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  Date **10 OCT 10 2004**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	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:  Date **10 OCT 10 2004** Daytime Phone # **352-9627178**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPENT (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 handwritten signature in black ink, appearing to read 'ANAT BENHAMROM', written over a horizontal line.

ANAT BENHAMROM  
PRESIDENT