

2004 FOR PROFIT CORPORATION REINSTATEMENT

10f2

DOCUMENT # P03000132946

1. Entity Name
ANJO DEVELOPMENT CORPORATION



FILED
04 OCT 21 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**30 NE 1ST AVENUE
MIAMI, FL 33131 US**

Mailing Address
**30 NE 1ST AVENUE
MIAMI, FL 33131 US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT
CR2E098 (6/04) 24

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GIVNER, JACOB J
1177 KANE CONCOURSE
SUITE 232
MIAMI, FL 33154**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D GIVNER, JACOB J 1177 KANE CONCOURSE SUITE 232, FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T POSNER, ANNETTE 30 N.E. 1ST AVENUE MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jacob J Givner* **10/19/04** **(305) 373-0790**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2082

DOWNTOWN MEDICAL & BEAUTY SUPPLIES

30 N.E. FIRST AVENUE

MIAMI, FL. 33132

305-373-0780

305-373-0790

Email: dowmedical@aol.com

www.downtownmedsup.com

October 19, 2004

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Ref: ANJO DEVELOPMENT CORPORATION

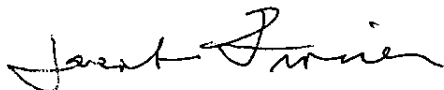
Document Number: P03000132946

State Representative:

We did not receive the 2004 Uniform Business Report and our mailing address has not changed since the inception of the company. The only document we did receive was the Notice of Dissolution or Revocation, dated September 17, 2004.

We respectfully request the abatement of the late filing fee due to the fact, that we never receive the form. Enclosed please find a check for \$150 and the signed 2004 Uniform Business Report.

Sincerely,



Jacob J. Givner

Anjo Development Corporation.