

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

payed

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 DEC -4 AM 11: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO 4000166086

1. Corporation Name

Joe ANON A.C., INC.

2. Principal Office Address

8330 W. 16ave

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33014

County

Dade

3. Mailing Office Address

8330 W. 16ave

Suite, Apt. #, etc.

City & State

Hialeah, FL

Zip

33014

County

Dade

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2005968

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

Jose A ANON

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

8330 West 16ave.

Suite, Apt. #, Etc.

City

Hialeah

State
FL

Zip Code
33014

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-21-06

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
Pres	Jose A ANON	8330 W. 16ave	Hialeah, FL 33014

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose A. ANON Pres.

Date

11/21/06

Daytime Phone #

(305) 226-8727

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November 21, 2006

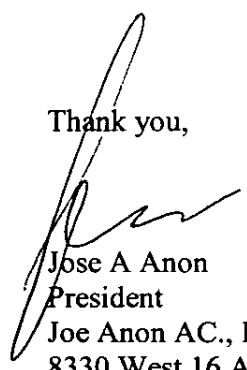
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Document#P04000166086

To Whom It May Concern:

Please accept my payment for of 2005 & 2006. I never received annual report nor was I informed of annual payment.

Thank you,



Jose A Anon
President
Joe Anon AC., Inc
8330 West 16 Avenue
Hialeah, Florida 33014