

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 FEB 13 PM 4:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *P05 000033561*

1. Corporation Name

ANNE & TM INC.

300089579683
02/27/07--01017--005 **300.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
231 A FOXTAIL DRIVE

3. Mailing Office Address
231 A FOXTAIL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GREENACRES, FL

City & State
GREENACRES, FL

Zip
33415

Country
USA

Zip
33415

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEL Number
20-2457331

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
TAX HOUSE CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
1261 E SAMPLE RD

Suite, Apt. #, Etc.

City
POMPANO BEACH

State
FL

Zip Code
33064

☒ 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

REGISTERED AGENT MUST SIGN

Date

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	WALDECCI OLIVEIRA	231 A FOXTAIL DRIVE	GREENACRES, FL 33415
V	MARIA C OLIVEIRA	231 A FOXTAIL DRIVE	GREENACRES, FL 33415

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: *Waldecce Oliveira*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-07 *561 642 8086*
Date Daytime Phone #

FLORIDA DEPARTMENT OF STATE
Division of Corporation
2006 Uniform Business Report (UBR)
P.O. BOX 6327
Tallahassee, FL 32314

Re: Filing of Uniform Business Report 2006/2007

P05000033561

ANNE & TM INC.

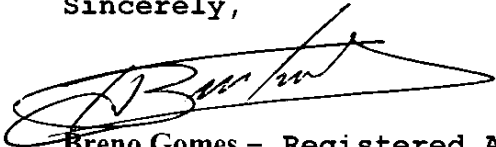
To Whom It May Concern:

This letter is to inform you that we have never received a 2006 Uniform Business Report form in the mail. For that reason the company became inactive.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 per year and accept the filling of our attached UBR, which has been prepared by us. Please find enclose one check of \$300.00 for 2006 and 2007 UBR fees.

Any questions or concern, feel free to contact us at (954) 782-4000 and speak to Mr. Breno Gomes.

Sincerely,

A handwritten signature in black ink, appearing to read 'Breno Gomes', is written over a horizontal line.

Breno Gomes - Registered Agent
ANNE & TM INC.
231 A Foxtail Drive
Greenacres, FL 33415