2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT						FILED			
DOCUMENT # P05000158180 1. Entity Name						FIL	ヒレ		
A.N.L. ENTERPRISES, INC.					2007 OCT 17 PM 4: 32				
Principal Place	e of Business POINTE DRIVE	Mailing Address 2027 SOUTH POINTE DRIVE		SECRETARY OF STATE TALLAHASSEE, FLORIDA					
DUNEDIN, FL		DUNEDIN, FL 34698							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			10132007	REIN-P	CR2E098 (1/0	·	
City & State		City & State		4. FEI Number 20-3989			Applied For Not Applicable		
Zip	Country	Zíp	Coun	ıtry		of Status Desired	Fee Requ	Additional rired	
6. Name and Address of Current Registered Agent Nar					7. Name and Address of New Registered Agent Name				
LOFLAND, ALAN N 2027 SOUTH POINTE DRIVE DUNEDIN, FL 34698				Street Address (P.O. Box Number is Not Acceptable)					
DUNEDIN,	FL 34090								
				City	FL /				
	named entity submits this statement for ions of registered agent.	or the purpose of changing it	s register	ed office or registe	red agent, or both	n, in the State of Flo	orida. I am familiar w	th, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Register	ed Agent signature requi	ired when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 nuary 1, 2008, Fee will be \$300.	00					with s. 607.193(2)(I not receive the pri		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
TITLE	D	☐ Delete	TITL				☐ Chan	e 🗌 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	LOFLAND, ALAN N 2027 SOUTH POINTE DRIVE DUNEDIN, FL 34698			iet address -st-zip	3 10/1	00110 7/07010	992217 79014 **	3 150.00	
TITLE		☐ Delete	TITL	E			☐ Chan	ge 🗌 Addition	
NAME STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					
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NAME STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					
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NAME STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		□ Delete	JIII.	r-ST-ZIP	-,-			neAddition	
NAME STREET ADDRESS			NAA SIR	AE LET ADDRESS 7-ST-ZIP	REIN	NSTA	reme	NT 2007	
CITY-ST-ZIP		☐ Delete	III		.		☐ Chan	ge Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAA STR					:	
12. I hereby indicated of the co	Locatify that the information supplied will don this report or supplemental report reporation or the receiver or trustee emi	powered to execute this repo	for the ex t my signa irt as pequ	emptions containe	d in Chapter 119 same legal effec 77, Florida Statute	Florida Statutes. It as if made under s; and that my nam	I further certify that the oath; that I am an off ne appears in Block 1	ne information icer or director 0 or Block 11 if	
changed, or on an attachment with amaddress, with all other like empowered. SIGNATURE: 10/13/07									
SIGNAL	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICE	R OR DIREC	TOR	· ·	Date	Daytime Phor	e #	