

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000000509

Entity Name: ANTHEM GROUP INC.

**FILED**  
**Aug 27, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

803 SHROPSHIRE LOOP  
SANFORD, FL 32771

## **New Principal Place of Business:**

482 N PIN OAK PL  
#208  
LONGWOOD, FL 32779

## **Current Mailing Address:**

803 SHROPSHIRE LOOP  
SANFORD, FL 32771

## **New Mailing Address:**

PO BOX 532043  
ORLANDO, FL 32853

FEI Number: 20-8156321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SHARIFF, AMANDA R  
803 SHROPSHIRE LOOP  
SANFORD, FL FL US

## **Name and Address of New Registered Agent:**

SHARIFF, AMANDA R  
482 N PIN OAK PL  
#208  
LONGWOOD, FL FL US

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.

SIGNATURE: AMANDA SHARIFF

08/27/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SHARIFF, AMANDA R  
Address: 803 SHROPSHIRE LOOP  
City-St-Zip: SANFORD, FL 32771

Title: VP ( ) Delete  
Name: SHARIFF, SYED A  
Address: 803 SHROPSHIRE LOOP  
City-St-Zip: SANFORD, FL 32771

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SHARIFF, AMANDA R  
Address: 482 N PIN OAK PL #208  
City-St-Zip: LONGWOOD, FL 32779

Title: VP (X) Change ( ) Addition  
Name: SHARIFF, SYED A  
Address: 482 N PIN OAK PL #208  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA SHARIFF

P

08/27/2009

Electronic Signature of Signing Officer or Director

Date