

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000097497

Entity Name: ANCHORS FARMERS, INC.

**FILED**  
**Nov 03, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

6930 SCRUB JAY DRIVE  
SARASOTA, FL 34241 US

**New Principal Place of Business:**

**Current Mailing Address:**

6930 SCRUB JAY DRIVE  
SARASOTA, FL 34241 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANAS ACCOUNTING SERVICES CORP  
766 S. OSPREY AVE  
SUITE 8  
SARASOTA, FL 34236 US

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

ANCHORENA, FELIPE  
6930 SCRUB JAY DRIVE  
SARASOTA, FL 34241 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: FELIPE ANCHORENA

11/03/2009

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: ANCHORENA, FELIPE  
Address: 6930 SCRUB JAY DR  
City-St-Zip: SARASOTA, FL 34241 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FELIPE ANCHORENA

P

11/03/2009

Electronic Signature of Signing Officer or Director

Date