

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUL 15 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 892000605388

1. Corporation Name

ANTICO CORP
5910 DEVON LANE
DAVIE, FLORIDA 33331

2. Principal Office Address

5910 Devon Lane

Suite, Apt. #, etc.

City & State

Davie, Florida

Zip

33331

Country

Broward

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0389166

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-02

7. Name and Address of Current Registered Agent

Name

Angel R. Quintana

200006469092-6

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

5910 Devon Lane

07/17/02-01052-013

****900.00 ****900.00

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33331

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

Date 7/10/02

REGISTERED AGENT MUST SIGN

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
P	Angel R. Quintana	5910 Devon Lane	Davie, FL 33331
VP	Mirta E. Quintana	5910 Devon lane	Davie, FL 33331
S	Odalys C. Quintana	5910 Devon lane	Davie, FL 33331

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 under section 119.07(3)(i), 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:

Angel R. Quintana

7/10/02

954-434-0620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)