

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 JAN 25 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000017424**

1. Corporation Name **ANK-TAINMENT INC.**

Principal Place of Business	Mailing Address
8245 BAILEY DR CLERMONT FL 34711	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable N/A	3. New Mailing Office Address, If Applicable N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 03/01/93
5. FEI Number 59-3167032
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status


7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P.V.S.	MARK R WELLS	8245 BAILEY DR CLERMONT FL 34711	700003111797--4 -01/26/00--01108--018 ***1658.75 ***1658.75

REINSTATEMENT 94-0011 TL


8. Name and Address of Current Registered Agent MARK R WELLS 8245 BAILEY DR CLERMONT FL 34711	9. Name and Address of New Registered Agent Name MARK R WELLS Street Address (P.O. Box Number is Not Acceptable) 8245 BAILEY DR Suite, Apt. #, Etc. CLERMONT City CLERMONT State FL Zip Code 34711
---	--

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date **01/21/00**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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:  **MARK R WELLS** 01/21/00 941-559-3508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #