

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 28 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA2000028928

1. Corporation Name

ANTON, INC.

2. Principal Office Address

12505 Boyette Road

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33569

Country

Hillsborough

3. Mailing Office Address

12505 Boyette Road

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33569

Country

Hillsborough

REINSTATEMENT

0102

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3272370

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANTON PHAM

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

12505 Boyette Road

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33569

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

REGISTERED AGENT MUST SIGN

Date

1/19/02

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	Anton Pham	12505 Boyette Rd	33569

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/02

CR2081 (9/01)