

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 22 PM 4:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000062907

1. Corporation Name

Anton Investments, Inc.

2. Principal Office Address

578 US Rt 1

3. Mailing Office Address

P.O. Box 1328

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Scarborough, ME

City & State

Bangor, ME

Zip

04074

Country

USA

Zip

04402

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/93

5. FEI Number

01-0491214

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

Michael Harris

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

1645 Palm Beach Lakes Blvd.

Suite, Apt. #, Etc.

Suite 550

City

West Palm Beach

State

FL

Zip Code

33401

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

[Signature]

Date

2/8/02

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.	Michael Anton	9 Haigis Parkway	Scarborough, ME 04074
V.	Samuel Myer	1292 Hammond Street	Bangor, ME 04401
T.	Karen Wright	1292 Hammond Street	Bangor, ME 04401
D.	William Clifford, Jr.	1292 Hammond Street	Bangor, ME 04401

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:

Karen Wright
Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/02

Daytime Phone #

207-942-5273

CR2E081 (9/01)