	TRUCTIONS BEFORE C  DA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State	OMPLETING THIS FORM FILED
REINSTATEMENT	DIVISION OF CORPORATIONS	96 NOV 15 AM 7: 27
DOCUMENT # <i>P95000037557 (2)</i> 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
ANABUC CORPORATION  Principal Place of Business Malling Address		
CHARLES OF BUSINESS P.O. BOX 141127		_
OU NU OUTVE		REINSTATEMENT Q
	iling Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida 5/10/95
Suite, Apt. *, etc. Suite, Apt.	·	5. FEI Number. Applied For
City Page MI FLORIDA City & State	Country	6. CERTIFICATE OF STATUS DESIRED
33126 DADE		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers Title(s)  Name of Officers and/or Directors  Street Address of Each Officer and/or Director City / State / Zip		
P LUIS RIVERD	601 NW 60 AV	52.4
		6000020103069 -11/20/9601108007 ****375.00 ****375.00
		UB11-19-96
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name		
Rivero, Luis GOINW 60 A Street Address (P.O. Box Number is Not Acceptable)		
AD BOX 11 1127 MIX MI Suite, Apr. #, Etc.		
Pliamit, 1-6 3311/ FL	33126 city	State Zip Gode
10. 1, 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 Agent MUST SIGN  Date 9/15/96		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X (See other side for Information on Intangible tax.)		
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 to dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been faild, 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: AND TYPED ON PRINTED ROME OF EXCHING OFFICER ON DIRECTOR Date Date Destina Phone 9		