

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 FEB -5 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000042923

1. Corporation Name

ANFIL 3 Hush Kit Corporation

2. Principal Office Address

4075 Malaga Ave

Suite, Apt. #, etc.

City & State.

Miami, FL

Zip

33133

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

97-02

4. Date Incorporated or Qualified
To Do Business in Florida

May 26, 1995

5. FEI Number

65-0582894

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

William P Lord

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

4075 MALAGA AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

800004915188-1

-02/13/02 -01065-005

***1500.00 ***1500.00

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

2 February 2002

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

<u>P,</u>	<u>William P. Lord</u>	<u>4075 Malaga Ave</u>	<u>Miami, FL 33133</u>

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

15 Jan 02

Daytime Phone #

305-264-2662

CR2E081 (9/00)