

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JUN 12 AM 10:59

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000043406

1. Corporation Name

THE ANCHORAGE SALOON, INC.

2. Principal Office Address

12816 W. Hwy. 19, Hudson, Fl. 34667

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

12816 W. Hwy. 19, Hudson, Fl. 34667

Suite, Apt. #, etc.

City & State

Hudson, Fl.

City & State

Hudson, Fl. 34667

Zip

34667

Country

USA

Zip

34667

Country

USA

REINSTATEMENT
CR2E081 (12/05)

1998-2006

**4. Date Incorporated or Qualified
To Do Business in Florida**

1997

5. FEI Number

593347730

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

DAVID R. CARTER, P.A.

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

7419 U.S. HIGHWAY 19

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34652

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]
REGISTERED AGENT MUST SIGN

Date

6-5-06

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 /VP	Salvatore Ippolito Sr	12816 US Hwy 19	Hudson, Fl. 34667
S/T			

900076253629
06/16/06--01015--017 **1950.00

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

[Signature]

Daytime Phone #

B. Mitchell JUN 14 2006