

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 NOV 29 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11232005 REIN-P CR2E098 (6/04)

DOCUMENT # P95000067615 1. Entity Name ANCHOR COMMERCIAL REALTY, INC.	
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Principal Place of Business 500 S FLORIDA AVE STE 700 LAKELAND, FL 33801	Mailing Address 500 S FLORIDA AVE STE 700 LAKELAND, FL 33801
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-3326588	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCFARLANE, PETER A PA 500 S FLORIDA AVE STE 715 LAKELAND, FL 33801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Peter A. McFarlane* DATE 11/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUBB, JOHN B 575 TIFFANY TERR LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>11/15/05 01057 019 \$758.75</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, LAWRENCE W 500 S FLORIDA AVE STE 700 LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MAXWELL, LAWRENCE T 500 S FLORIDA AVE STE 700 LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KELLEY, KIM S 500 S FLORIDA AVE STE 700 LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EBDRUP, BRIDGET 500 S FLORIDA AVE STE 700 LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kim S. Kelley* DATE 11/23/05 DAYTIME PHONE # 863-647-1581
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

K. Eckel NOV 29 2005