

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 FEB 12 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000095801 (3)

1. Corporation Name

ANTHEM CONSULTING, INC.

Principal Place of Business

2706 ALT. US 19 N.
PALM HARBOR FL 34683

Mailing Address

2706 ALT. US 19 N.
PALM HARBOR FL 34683

If above addresses are incorrect in any way, line through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable

2706 Alt. 19 N

Suite, Apt. #, etc.

Suite 270

City & State

Palm Harbor, FL

Zip

34683

Country

Pinellas

3. New Mailing Office Address, If Applicable

2706 Alt. 19 N

Suite, Apt. #, etc.

Suite 270

City & State

Palm Harbor, FL

Zip

34683

Country

Pinellas

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/95

5. FEI Number 59-3366982

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	STEVEN K. HOUSE	800 W. Arbroom, Suite 320	Arlington, TX 76015
T/D	NEIL W. HOUSE	800 W. Arbroom, Suite 320	Arlington, TX 76015
S/D	SCOTT R. SPOERL	2706 Alt. 19 N, Suite 270	Palm Harbor, FL 34683

8. Name and Address of Current Registered Agent

SPOERI, SCOTT R
2706 ALT. US 19 N.
PALM HARBOR FL 34683

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, 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

REGISTERED AGENT MUST SIGN

Date 12/28/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side of information
on intangible tax.)

12. 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

12/28/98 (727) 787-4223
Date Daytime Phone #

CR2E040 (9/98)