

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 DEC 18 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000048103

1. Corporation Name

ANANDA FLORIDA, INC.

Principal Place of Business

601 BRICKELL KEY DRIVE
SUITE 805
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DRIVE
SUITE 805
MIAMI FL 33131



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1996

5. FEI Number

65-0762015

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	City / State / Zip
PS	RUL, SUSAN D	601 BRICKELL KEY DRIVE	MIAMI FL 33131
VP	RUBIO, PAULINA	601 BRICKELL KEY DRIVE	MIAMI FL 33131
SS	ALLEN, JR., ROBERT N	601 BRICKELL KEY DRIVE	MIAMI FL 33131
VP	ENRIQUE, RUBIO	601 BRICKELL KEY DR, STE 805	MIAMI FL 33131

800003523978-1
-01/04/01--01103--012
****750.00 ****750.00

8. Name and Address of Current Registered Agent

REINSTATEMENT

9. Name and Address of New Registered Agent

ALLEN & GALEGO
601 BRICKELL KEY DRIVE
SUITE 805
MIAMI FL 33131

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED
Robert N. Allen, President of Allen & Galego

Date

12/14/00

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert N. Allen, Jr., Special Secretary

11/20/00

Date

Daytime Phone #

305-310-3382