

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG 10 AM 11:29

DOCUMENT # **P96000059093**

1. Corporation Name

**ANETCO, INCORPORATED**

2. Principal Office Address  
**4400 PGA Blvd.**

3. Mailing Office Address  
**4400 PGA Blvd.**

Suite, Apt. #, etc.

**Suite 700**

Suite, Apt. #, etc.

**Suite 700**

City & State

**Florida**

City & State

**Florida**

Zip

**33410**

Country

**U.S.A.**

Zip

**33410**

Country

**U.S.A.**

05-13-00 90008 012

4. Date Incorporated or Qualified  
To Do Business in Florida **July 15, 1996**

5. FEI Number

**650706002**

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

**RBX Incorporated**

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

**4400 PGA Blvd.**

Suite, Apt. #, Etc.

**Suite 700**

City

**Palm Beach Gardens**

State

**FL**

Zip Code

**33410**

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]*

Date

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Barbara Blake	4 Walnut Hollow Lane	Holmdel, N.J. 07733
VP	Alexander Blake	4 Walnut Hollow Lane	Holmdel, N.J. 07733
Dir.	William J. Lacy	7576 Manassas Forge Dr.	Manassas, VA 20111-4835
Dir.	George Staples, III	2576 Ocean Pines	Berlin, MD 21811

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

6/2/01 732-739-3410  
Date Daytime Phone #

20f2



August 3, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Gentlemen:

Since we had not received the Franchise Tax documentation at our Florida office, we contacted your office on May 17, 2001. Your office told us that they would mail the appropriate form to the New Jersey address and to return the completed form with a check in the amount of \$150.00 to your office. However, the check was not deposited by you. After realizing that the check was not cashed, we again called and were told that the form and check were returned to us since the form did not include the FEI number.

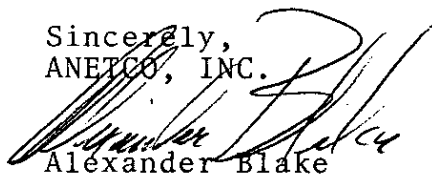
Due to illness, we were unable to be in our Florida office. Therefore we were instructed to mail a copy with the FEI number and a new check for \$150.00 which are enclosed with this communication.

Please mail any communication temporarily to our New Jersey office which is P.O. Box 373, Holmdel, N.J. 07733 or call us at 732-739-3410.

We will be in our Florida office beginning sometime in December of this year.

Thank you for your cooperation.

Sincerely,  
ANETCO, INC.



Alexander Blake

encl.

P.S. The original Franchise Tax documents were never received in our Florida office.