

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 15 AM 10:01

DOCUMENT # P96000085512

1. Corporation Name

Anton's 901, Inc

2. Principal Office Address

90 Alton Rd

Suite, Apt. #, etc.

SUITE # 15

City & State

Miami

Zip

FL

Country

33139

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

SAME

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/96

5. FEI Number

650708903

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

Oscar Herrera

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

11405 NW 62nd Tr

Suite, Apt. #, Etc.

240

City

Miami

State
FL

Zip Code

33178

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

11-06-04

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	Oscar Herrera	11405 NW 62nd Tr.	
		Unit # 240	
		Miami FL. 33178	

100042752191
11/19/04--01065--012 **308.75

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] Oscar Herrera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/04

Daytime Phone #

(305) 674 9779

11/23/04