

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 16 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P970000012867**

1. Corporation Name **ANCHOR Financial Services, Inc**

2. Principal Office Address

936 ALMOND TREE C.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip
32835

Country

ORANGE

3. Mailing Office Address

936 ALMOND TREE Circle

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32835

Country

US

300086471483
01/30/07--01005--002 **450.00

REINSTATEMENT
CR2E081 (12/05)

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

3/97

5. FEI Number

593428103

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

Christine DeCote

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

936 ALMOND TREE Circle

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32835

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

Christine DeCote
REGISTERED AGENT MUST SIGN

Date

1/12/07

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
PRES			
PSTD	Christine DeCote	936 ALMOND TREE Circle	ORL, FL 32835
		ORL FL 3	

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 contained in Chapter 119, 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:

Christine DeCote
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/07

Daytime Phone #

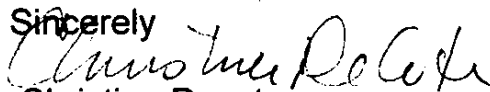
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1-2-07

To Whom Concerned,

In Novemer of 2004 we had accountant send in a change of address for Anchor Financial Services from 7226 W Colnial Dr., to 936 Almond Tree Circle ,Orlando , Florida 32835. It has come to my attention that we did not receive any renewal notices for 2005 and 2006. I would like to reinstate said corp. and humbly request the the penalty /reinstatement fees be waved.Enclosed is a check for 450.00 for 2005 ,2006 and the 2007 annual reports.Thank you for your help.

Sincerely



Christine Decote

407 291 9726