

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000039396

1. Corporation Name

ANY AXLE INCORPORATED

Principal Place of Business

5598 NW 10TH TERRACE
FORT LAUDERDALE FL 33309

Mailing Address

5598 NW 10TH TERRACE
FORT LAUDERDALE FL 33309

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/1997

5. FEI Number

65-0759252

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CHONG, AMOS P	5598 NW 10TH TERRACE	FORT LAUDERDALE FL 33309
D	BRAWLEY, JACK W	320 SE 11TH STREET	POMPANO BEACH FL 33060

6000008696306
10/30/02--01044--004 **150.00

8. Name and Address of Current Registered Agent

CHONG, AMOS P
5598 NW 10TH TERRACE
FORT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-26-02.

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-02 - 954 938-0288

Date

Daytime Phone #

CR2E040 (8/02)



ANY AXLE, INC.
5598 NW 10th Terrace
FT. Lauderdale, FL 33309
TEL: (954) 938-3545
FAX: (954) 938-9544
HWD: (954) 966-4656
TOLL FREE: 1-800-ANY-AXLE
1-800-269-2953

October 26 2002
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Any Axle Inc. did not receive the UBR
Report for year 2002. Enclosed is a Check for \$150.00

Amos Chong