

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **P97000058357**

1. Corporation Name

ANCON HOSPITALITY CORPORATION

Principal Place of Business

Mailing Address

3711 NORTH OCEAN BLVD.
FORT LAUDERDALE FL 33308

3711 NORTH OCEAN BLVD.
FORT LAUDERDALE FL 33308

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

4. Date Incorporated or Qualified To Do Business in Florida

07/02/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0769194

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
1	2	3	4
PD	WAGNER, JOHN	3711 NORTH OCEAN BLVD.	FORT LAUDERDALE FL 33308
VD	POLIDORO, WILLIAM	3711 NORTH OCEAN BLVD.	FORT LAUDERDALE FL 33308

800003446698-9
-11/01/00--01043--005
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WAGNER, JOHN
3711 NORTH OCEAN BLVD.
FORT LAUDERDALE FL 33308

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.

Signature of Registered Agent

J. Wagner
REGISTERED AGENT MUST SIGN

Date 10-10-00

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:

J. Wagner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-00

Date

954 563-3400

Daytime Phone #

CR2ED40 (8/00)

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October 16, 2000

Division of Corporations
Annual Reports/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Dear Sir or Madam:

I am requesting an abatement of the reinstatement fee for my corporation. I have an accounting service that handles all of my governmental issues. Somehow the renewal was missed. I don't know if it was misfiled or misplaced. This has never happened before and I need your help on this one. Thank you for your consideration.

A handwritten signature in cursive script, appearing to read "J. Wagner".

John Wagner, President