

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

10 JUN 16 AM 9:51

**DOCUMENT # P97000071179**

1. Corporation Name

Ansca Homes Of Florida, Inc.

2. Principal Office Address - No P.O. Box #

7593 Boynton Beach Blvd

Suite, Apt. #, etc.

Suite 220

City & State

Boynton Beach, FL

Zip

33437

Country

USA

3. Mailing Office Address

7593 Boynton Beach Blvd

Suite, Apt. #, etc.

Suite 220

City & State

Boynton Beach, FL

Zip

33437

Country

USA

300182146323

06/16/10--01017--015 \*\*900.00

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/15/1997

5. FEI Number

65-0812774

☐ 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

Mitchell A. Sherman PA

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

7593 Boynton Beach Blvd

Suite, Apt. #, Etc.

220

City

Boynton Beach

State

FL

Zip Code

33437

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

Date 06/14/2010

REGISTERED AGENT MUST SIGN

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
D	Ramzi Akel	7593 Boynton Beach Blvd Suite 220	Boynton Beach, FL 33437

REINSTATEMENT

06/17/10  
04-10

10. E-mail Address: ElizabethN@Anscahomes.com

(To be used for future annual report notification)

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. I further certify, 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

06/14/2010

561-364-3653

Date

Daytime Phone #