

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 30 PM 4:23

DOCUMENT # P98000002479

1. Corporation Name

ANASTASIA ISLAND ENTERPRISES CORPORATION

Principal Place of Business

Mailing Address

4000 A1A SOUTH
ST. AUGUSTINE FL

4000 A1A SOUTH
ST. AUGUSTINE FL

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

01/08/1998

5. FEI Number

59-3485810

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
DR	DEPED, PATRICK R	817 LAKE DRIVE	LAWRENCEVILLE NJ 08848
D	Vincent Civalo	1540 KUSER ROAD, SUITE A-4	Mercerville, NJ 08620
PVST	Vincent Civalo	1540 KUSER ROAD, Suite A-4	Mercerville, NJ 08620
			100003070241--8
			-12/14/99--01106--014
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GALLETTA, JOHN JR.
103 "F" STREET
ST. AUGUSTINE FL 32084

Name John Galletta Jr
Street Address (P.O. Box Number is Not Acceptable)
4100 A1A South
Suite, Apt. #, Etc.

City ST. Augustine

State FL Zip Code 32084

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

John Galletta Jr

REGISTERED AGENT MUST SIGN

Date Nov. 29, 1999

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vincent Civalo

November 15, 1999

Date

Daytime Phone #

604-581-0300

AD