

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 14 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000015310

1. Corporation Name

THE ANTON INVESTMENT CORPORATION

2. Principal Office Address

15961 N. Florida Ave.

3. Mailing Office Address

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Zip
33549

Country
United States

Zip
33549

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/17/98

5. FEI Number

59-349554

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-04

600

7. Name and Address of Current Registered Agent

Name

William D. Anton

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

15961 N. Florida Avenue

Suite, Apt. #, Etc.

Suite A

City

Lutz

State
FL

Zip Code
33549

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

REGISTERED AGENT MUST SIGN

Date 6/21/04

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
PD	William D. Anton	17525 Canal Shores Dr	Odessa, FL 33556
STD	Jean V. Anton	17525 Canal Shores Dr	Odessa, FL 33556

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 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:

William D. Anton, President

6/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)