

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -5 PM 1:50

DOCUMENT # **P98000016957**

1. Corporation Name

ANCHOR LANDSCAPES AND GARDENING SERVICES, INC.

2. Principal Office Address

2818 NE 32 ave

Suite, Apt. #, etc.

#2

City & State

Ft. Lauderdale Fla

Zip

33305

Country

BROWARD

3. Mailing Office Address

2818 NE 32 ave

Suite, Apt. #, etc.

#2

City & State

Ft. Lauderdale, FL.

Zip

33305

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

2/20/98

5. FEI Number

65-0839540

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

Shelley CRAWFORD

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

2518 N.E. 32 ave

Suite, Apt. #, Etc.

#2

City

FORT. LAUDERDALE.

State
FL

Zip Code

33305

308004724465

-12/13/01--01019-030

******158.75 **** 58.75**

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 **Shelley CRAWFORD (President)**

Date

12/04/01

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.P.T. S.	Shelley CRAWFORD	2818 NE 32 ave #2	Ft. LAUD. Fla - 33305

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:

Shelley CRAWFORD

12-02-01

Date

(954) 568-9990

Daytime Phone #

ANACHOR LANDSCAPES AND GARDENING, INC
2518 NE 32 AVENUE APT # 2
Ft. Lauderdale, Florida 33305

Phone # 954-568-9990

December 2, 2001

Florida Department of State
ATT: Katherine Harris
Secretary of State

Division of Corporations
Uniform Business Report Filings-
Reinstatement Department
409 East Gaines Street
Tallahassee, Florida 32302-1500

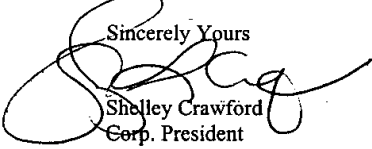
Dear Ms. Harris

In RE: My UBR Doc # P98000016957

Please find enclosed my year 2001 Uniform Business Report (Reinstatement), and a check for the amount of \$158.75.

My Accountant, Mr. Noel E. Escobar was updating our records today he found that we were not active with the Dept. of State; I never received the annual report forms. Therefore this letter to you and we hereby request that you abate any penalties.

Sincerely Yours


Shelley Crawford
Corp. President

