

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 DEC 15 PM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000026166

1. Corporation Name

Annovations, Inc.

2. Principal Office Address

401 Vision Court

Suite, Apt. #, etc.

Unit A

City & State

Palm Beach Gardens, FL

Zip

33418

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/18  
1998

CR2E081 (8/05)

5. CCI Number

650825303

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$d.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Anne C. Tacon

401 Vision Court Unit A

Palm Beach Gardens, FL 33418

200061867362

12/02/05--01041--015 \*\*1208.7

State  
FL

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Anne C. Tacon

REGISTERED AGENT MUST SIGN

Date

11/30/05

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
President	Anne C. Tacon	401 Vision Court	Palm Beach Gardens FL 33418

REINSTATEMENT

02-05

M. Williams DEC 15 2005

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 807 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 807.0401 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:

Anne C. Tacon

11/30/05 (561) 722-6994