PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT -6 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000066469

1. Corporation Name

ANLINEX, INC.

Principal Place of Business	Mailing Address
2880 U.S. Alternate 19 N Palm Harbor, FL 34683	Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 1999

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
750 South Pinellas Ave.	(same)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tarpon Springs, FL	City & State
Zip: 34698 Country: Pinellas	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 7/29/98

5. FEI Number: 59-3532960 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $[illegible]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Andrew Giancola	790 Camillia Avenue	Tarpon Springs, FL 34689

100002010814--1
-10/19/99--01081--013
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: David J. Wollinka
Street Address (P.O. Box Number is Not Acceptable): 2312 U.S. Highway 19
Suite, Apt. #, Etc.:
City: Holiday, State: FL Zip Code: 34690

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: _____ Date: 10/4/99
David J. Wollinka REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: _____ 10/4/99 (727) 945-8338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Andrew Giancola, President/Director