

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # P98000068837

1. Corporation Name

ANEI TECHKNOWLEDGE, INC.

Principal Place of Business

1321 SW 107TH AVE. STE 210-A
MIAMI FL 33174

Mailing Address

1321 SW 107TH AVE. STE 210-A
MIAMI FL 33174

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/06/1998

SP

5. FEI Number

65-0872309

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
President	MASoud Shojace	1321 SW 107 AV. Ste 210	MIAMI FL 33174
Secretary	Bonnie D'Agostino	1321 SW 107 AV Ste 210	MIAMI FL 33174
Treasurer	Tania M. Martin	1321 SW 107 AV Ste 210	MIAMI FL 33174

600003050206--0
-11/19/99--01091--008
****750.00 ****750.00

8. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
1 SE 3RD AVE, 28TH FL
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name Tania M. Martin

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

1321 SW 107 AV. Ste 210

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33174

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

Tania M. Martin

REGISTERED AGENT MUST SIGN

Date 10-22-99

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:

Tania M. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/99 305 223-9596

Date

Daytime Phone #

CR20040 (6/99)