

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 JUL 31 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000039836

1. Corporation Name

ANAMAR PROPERTIES INC.

2. Principal Office Address

1000 Island Blvd. # 807

Suite, Apt. #, etc.

Apt. 807

City & State

Aventura, Florida

Zip

333160

Country

USA

3. Mailing Office Address

25 S.E. 2nd Avenue

Suite, Apt. #, etc.

Suite 220

City & State

Miami, Florida

Zip

33131

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5/3/99 SP

5. FEI Number

52-2330096

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

BORIS ROSEN

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

25 S.E. 2nd Avenue, Suite 220

Suite, Apt. #, Etc.

Suite 220

City

Miami, Florida

State
FL

Zip Code
33131

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08/08/01 01092 023

***908.75 ***908.75

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

REGISTERED AGENT MUST SIGN

Date **July 30, 2001**

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
P T D	ANTONIETTA M. DE MARIN	1000 ISLAND BOULEVARD, #807	AVENTURA, FL 33160
VP S D	MARIA MARIN MATTOZZI	1000 ISLAND BOULEVARD, # 807	AVENTURA, FL 33160

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA MARIN MATTOZZI, VP / D 7/30/01

Date

305-932-8242

Daytime Phone #

CR2E001 (8/00)