

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *PA9 0000 71200*

1. Corporation Name

ANC Holdings, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 18 AM 8:00

REINSTATEMENT *00-04*

2. Principal Office Address

1141 South Rogers Cir.

Suite, Apt. #, etc.

Suite 5

City & State

Boca Raton, Florida

Zip

33487

Country

U.S.

3. Mailing Office Address

1141 South Rogers Cir.

Suite, Apt. #, etc.

Suite 5

City & State

Boca Raton, Florida

Zip

33487

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/99

5. FEI Number

65-0949847

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

Serge Abecassis

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

1141 South Rogers Circle

Suite, Apt. #, Etc.

Suite 5

City

Boca Raton

400029029774
02/18/04-01051-009 **1350.00

400029029774
02/18/04-01051-010 **8.75

State

FL

Zip Code

33487

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 *2/13/04*

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
DPTS	Serge Abecassis	Suite 5 1141 South Rogers Cir.	Boca Raton, FL 33487
DV	Larry Ganet	6 South 260 New Hope	Naperville, IL 60540

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:

SIGNATURE AND PRESS OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERGE ABECASSIS

Date

2/13/04

Daytime Phone #

CR2081 (01/04)