

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT
DIVISION OF CORPORATIONS



Katherine Harris
Secretary of State

FILED

01 OCT 15 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000098979

1. Corporation Name

ANCHOR INSURANCE GROUP, INC.

Principal Place of Business

Mailing Address

13311 SW 42ND STREET
MIAMI FL 33175

13311 SW 42ND STREET
MIAMI FL 33175

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/1999

5. FEI Number

65-0960408

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PVST | FAGUNDO, ESTEBAN | 13311 SW 42ND STREET | MIAMI FL 33175 |
| D | FAGUNDO, ESTEBAN | 13311 SW 42ND STREET | MIAMI FL 33175 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

600004657826--0
-10/29/01--01083--020
****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FAGUNDO, ESTEBAN
13311 SW 42ND STREET
MIAMI FL 33175

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/12/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/01 305-220-2500

CR2E040 (8/01)



Anchor Insurance Group, Inc.
Servicing South Florida.

2013

10/12/01

Div. of Corporations
Uniform Business Rpt Fillings
P.O. Box 1500
Tallahassee, FL 32302

To Whom It May Concern:

Attached please find copies of forms filed along with copies of the return receipt showing timely filing report. I checked with the bank and check # 1421 has not been cashed, therefore I'm enclosing another check.

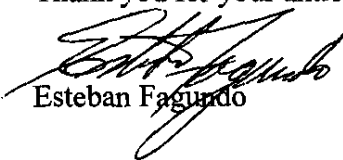
Please note the FEI # on your papers are not correct.

Wrong # 65-0960408
Correct # 65-1064982

This company was incorporated/Amended in the year 2000

Please note, this time I'm adding \$ 8.75 for a Certificate of Status to the replacement check.

Thank you for your anticipated cooperation in this matter.


Esteban Fagundo

Enclosures.

3083

UNDER CERTIFICATION SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

DIVISION OF CORPORATIONS
 UNIFORM BUSINESS RPT FILINGS
 P.O. BOX 1500
 TALLAHASSEE, FL 32302-1500

2. Article
 PS Form

CERTIFICATION SECTION

A. Received by Michael A. Griffith
 APR 11 9 2011
 C. Signature of Michael A. Griffith
 D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below:

SERVICE TYPE

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ COD
 4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

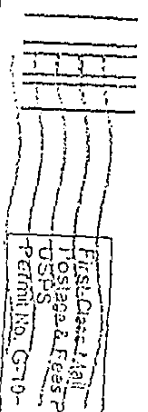
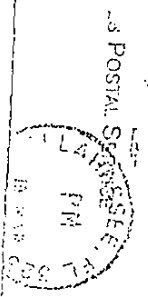
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 SGM-0332

34751552

10691 NW Kendall Dr
 Miami, FL 33156

• Sender: Please print your name, address, and ZIP+4 in this box •

Att. Janice (Luckowski)
 LPT
 10691 NW Kendall Dr
 Suite 804
 Miami, FL 33156



7000 0520 0018 3315 3215

CERTIFIED MAIL RECEIPT

POSTAGE PAID BY ADDRESSEE

Att. Janice (George L.)

| | |
|--|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |

Postmark Here

DIVISION OF CORPORATIONS
 UNIFORM BUSINESS RPT FILINGS
 P.O. BOX 1500
 TALLAHASSEE, FL 32302-1500