

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

516197

1. Corporation Name

ANKE, INC.

Principal Place of Business

Mailing Address

19235 U. S. HIGHWAY 41, NORTH
LUTZ, FL 33549

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

2. New Principal Office Address, If Applicable
SEE ABOVE

3. New Mailing Office Address, If Applicable
SEE ABOVE

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3040106

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	CARL ANDERSON	19235 U.S HWY 41 N	LUTZ, FL 33549

100002264911-4
08/12/97 01076-002
****923.75 ****923.75

8. Name and Address of Current Registered Agent

LAWRENCE J. KEIM
220 E. MADISON ST., #830
TAMPA, FL 33602

9. Name and Address of New Registered Agent

Name
CARL ANDERSON
Street Address (P.O. Box Number is Not Acceptable)
19235 U.S. HWY 41 N
Suite, Apt. #, Etc.
City
LUTZ
State
FL
Zip Code
33549

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

Carl Anderson

REGISTERED AGENT MUST SIGN

Date

Aug. 6, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Carl Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARL ANDERSON

Aug 6, 1997 (813) 949-6251
Date Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

AD
96-97

CR2E040 (12/96)