

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 JUN 16 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S29739**

1. Corporation Name **ANACON ACADEMY, INC**

Principal Place of Business Mailing Address
**2680 BAYSIDE BLVD
DUNEDIN, FL 34698**

100002215811--6
--06/18/97--01064--024
***1575.00 ***1575.00

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		4. Date Incorporated or Qualified To Do Business in Florida 3/ 91	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-305 2343	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	FAITH K. SCHWALJE	1609 SUMMIT WAY DUNEDIN, FL	DUNEDIN, FL 34698

REINSTATEMENT 92-97
LL
6-17-97

8. Name and Address of Current Registered Agent

FAITH K. SCHWALJE
1609 SUMMIT WAY
DUNEDIN, FL 34698

9. Name and Address of New Registered Agent

Name **FAITH K. SCHWALJE**
Street Address (P.O. Box Number is Not Acceptable)
1609 SUMMIT WAY
Suite, Apt. #, Etc.
City **DUNEDIN, FL** State **FL** Zip Code **34698**

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 **6-6-97**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FAITH K. SCHWALJE

Date

6-6-97

Daytime Phone #

813-7944448