

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

WF2

APPLICATION
FOR
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Katherine H. ...
Secretary of State
DIVISION OF CORPORATIONS

2000 UBR

FILED
00 OCT 25 PM 4:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S29739

1. Corporation Name
ANCHOR ACADEMY, INC.

Principal Place of Business Mailing Address
2680 BAYSHORE BLVD 2680 BAYSHORE BLVD
DUNEDIN FL 34698 DUNEDIN FL 34698



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 02/06/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3052343	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
P	SCHWALTE, FAITH K	1609 SUMMIT WAY	DUNEDIN FL 34698

000003460120--3
-11/13/00--01006--016
****150.00 ****150.00

8. Name and Address of Current Registered Agent SCHWALTE, FAITH K 1609 SUMMIT WAY DUNEDIN FL 34698		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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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 *[Signature]* Date 10-20-00
REGISTERED AGENT MUST SIGN

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE *[Signature]* 10-20-00 KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FAITH K. SCHWALTE
Date Daytime Phone #

20f2

Anchor Academy, Inc.
2636 Bayshore Boulevard
Dunedin, FL 34698
727-734-4448
fax 727-734-7446

October 20, 2000

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is a follow-up to the telephone conversation that I had with a member of your staff regarding the application of reinstatement of the Anchor Academy corporation. Please note that this is the first notice that I have received.

Upon review of recent records, you will find that I had to pay a tremendous fine in 1997, I am very aware and respond immediately when I receive the applications in the mail. I respectfully request that the reinstatement fee be waived.

I am sending the completed forms along with \$150.00 to reinstate this corporation. Please make a notation in your files that Anchor Academy, Inc. has moved its location to 2636 Bayshore Boulevard, Dunedin, FL 34698.

Thank you for your assistance in this very grave matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Faith K. Schwalje', written in a cursive style.

Faith K. Schwalje