

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S48751

1. Corporation Name

ANSLAW, INC.

2. Principal Office Address

4930 NW 7th Avenue,

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33127

Country

USA

3. Mailing Office Address

4930 NW 7th Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33127

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0264305

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

ARCHIE, WILLIE F.

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

4930 NW 7th Avenue,

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33127

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

Willie F. Archie

REGISTERED AGENT MUST SIGN

Date

04/24/02

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
DPT	ARCHIE, WILLIE	2000 NW 83rd Street	Miami, FL 33147
DS	ARCHIE, SHIRLEY A.L.	2000 NW 83rd Street,	Miami, FL 33147

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:

Shirley Lewis Archie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY A.L. ARCHIE, Secretary 04/24/02

Date

Daytime Phone #

FILED

02 APR 29 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400005556844--4

-05/17/02--01015--033

***1058.75 ***1058.75

CR2E081 (9/01)