

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V48817

1. Corporation Name

Anchor Research Corp

2. Principal Office Address - No P.O. Box #

1855-5 Dr. Andre's Way

3. Mailing Office Address

1855-5 Dr. Andre's Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33445

Country

USA

Zip

33445

Country

USA

7. Name and Address of Current Registered Agent

Name

Patricia D Bannon

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

7340 Anadale Cir

Suite, Apt. #, Etc.

City

Lake Worth

State

FL

Zip Code

33467

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

Patricia D Bannon
REGISTERED AGENT MUST SIGN

Date 12/15/11

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
<u>PTS</u>	<u>Patricia D Bannon</u>	<u>7340 Anadale Cir</u>	<u>Lake Worth, FL 33467</u>
		<u>12/28</u>	

10. E-mail Address: arcneil@bellsouth.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Patricia D Bannon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/11

Date

501-278-8844

Daytime Phone #

FILED

2011 DEC 28 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800215581788

12/28/11--01027--006 **750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

7/2/92

5. FEI Number

65-0351174

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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