

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 SEP -4 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # ND2000001288

1. Corporation Name  
Angel Society U.S.A., INC

2. Principal Office Address - No P.O. Box #  
18950 S.W. 164 RD

3. Mailing Office Address  
P.O. Box 940171

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip  
33187

Country  
DADE

Zip  
33194

Country  
DADE

600160344506  
09/04/09--01003--010 \*\*183.75  
REINSTATEMENT 07-09

4. Date Incorporated or Qualified To Do Business in Florida  
02-21-2002

5. FEI Number  
753016557

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
MARISA CARD

Street Address (P.O. Box Number is Not Acceptable)  
18950 S.W. 164 RD

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33187

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature] Date 9/01/09  
REGISTERED AGENT MUST SIGN

**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
DP	CARD MARISA	18950 S.W. 164 RD FL. 33187	MIAMI FL. 33187
D	Pedro SUAREZ	15151 S.W. 192 Ave	MIAMI FL. 33186
©	Nicole Marchant	P.O. Box 940171	MIAMI FL. 33194
©	Nicholas Marchant	P.O. Box 940171	MIAMI FL. 33194
D	Orlando Columbie	7903 S.W. Grand Canal Drive	MIAMI FL. 33174

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 contained in Chapter 119, 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] MARISA CARD Date 09-01-09 (786) 344-7781  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

2/8w