

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP -4 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000003558**

1. Corporation Name

**Angel Network for Disadvantaged
Teens Inc.**

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

720 Buffalo Ave

Suite, Apt. #, etc.

#1

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

NIAGARA FALLS, NY

City & State

Zip

14303

Country

NIAGARA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

June 18, 1998

5. FEI Number

31-1591130

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

Jeffrey P. Brock

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

444 Seabreeze Blvd.

Suite, Apt. #, Etc.

Suite 900

City

Daytona Beach

State

FL

Zip Code

32118

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

REGISTERED AGENT MUST SIGN

Date **8/28/07**

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
P	Thelma L. Hoggis	720 Buffalo Ave	Niagara Falls, NY 14303
V/D	Anthony C. Otto	720 Buffalo Ave	NIAGARA FALLS, NY 14303
M	CHRISTINA M. OTTO	720 Buffalo Ave	NIAGARA Falls, NY 14303
	8/9/07		

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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:

Anthony C. Otto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/07
Date

716-282-1276

716-417-4345
Daytime Phone #