

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 NOV -9 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000047854

1. Corporation Name

ANGEL BEAUTY SUPPLY, INC

Principal Place of Business

Mailing Address

828 W PEMBROKE ROAD SUITE #5  
HALLANDALE FL 33009

828 W PEMBROKE ROAD SUITE #5  
HALLANDALE FL 33009



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

05/15/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1028209

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BELOUALHI, ABBES	910 NE 58TH COURT	FORT LAUDERDALE FL 33334
D	BELOUALHI, TOUFIK	1657 TYLER STREET APT. 106 8040 NW 96 TERR APT 307	HOLLYWOOD FL 33020 TAMARAC FL 33321

05/04/01 90035045 \$50.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BELOUALHI, ABBES  
910 NE 58TH COURT  
FORT LAUDERDALE FL 33334

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Beloualhi*

REGISTERED AGENT MUST SIGN

Date

11.01.01.

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

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11.02.01

Daytime Phone #

CR2E040 (8/01)

20f2

October 29, 2001

ANGEL BEAUTY SUPPLY, INC.  
828 W. Pembroke Road, Suite 5  
Hallandale, FL 33009

Florida Department of State  
Division of Corporations  
Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Application for Reinstatement

Gentlemen:

We had processed the original Uniform Business Report together with our \$150 check. The check was cashed by the State of Florida. We were never informed that the form was returned to us for failure to include our federal identification number.

We herewith enclose our Application for Reinstatement showing the appropriate federal identification number.

Since we never received the original form asking for this information, we ask that this corporation be reinstated without reinstatement fees, etc.

ANGEL BEAUTY SUPPLY, INC.

By \_\_\_\_\_