

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

04 FEB -5 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000083833

1. Corporation Name

ANGELO & ANGELA CORP.

REINSTATEMENT 03-04

100028275731
02/05/04--01029--001 **300.00

2. Principal Office Address

1205 NE 163rd ST # 147

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 33162

City & State

Zip

Country

Zip

Country

4. Data Incorporated or Qualified
To Do Business In Florida

5. FEI Number

65-1039771

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

ANGELA FIGUEIREDO.

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

1205 NE 163rd ST

Suite, Apt. #, Etc.

STE # 147

City

MIAMI

State
FL

Zip Code

33162

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0509 or 617.0503, F.S.

Signature of
Registered Agent

Angela Figueiredo

REGISTERED AGENT MUST SIGN

Date

01/29/04

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
PD	ANGELA FIGUEIREDO	1205 NE 163rd ST # 147	MIAMI, FL 33162

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angela Figueiredo

Date

01/29/04

Daytime Phone #

305-534-9294

Please accept

My payment of
\$300 for year

2003 - and 2004

I never received
your Annual Report.