

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Glenda E. Hood  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P02000090814

1. Corporation Name  
 ARCHANGEL BUSINESS CONSULTING, INC.

Principal Place of Business Mailing Address  
 3741 SUNNY ISLES BLVD STE 282 3741 SUNNY ISLES BLVD STE 282  
 N MIAMI BCH FL 33160 N MIAMI BCH FL 33160

FILED  
 04 JAN 15 PM 4:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/20/2002	
City & State		City & State		5. FEI Number	
Zip		Country		56-2288025	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	FERNANDEZ, ROLANDO	3741 SUNNY ISLES BLVD STE 282	N MIAMI BCH FL 33160
<del>VSTP</del>	FERNANDEZ, MARIA	3741 SUNNY ISLES BLVD STE 282	N MIAMI BCH FL 33160
PD	Christopher J. Rodriguez	3741 Sunny Isles Blvd Ste 282	N. Miami Bch, FL 33160
<del>VSTP</del>	Anthony R. Rodriguez	3741 Sunny Isle Blvd STE 282	N. Miami Bch, FL 33160
T	Anthony R. Rodriguez	3741 Sunny Isle Blvd Ste 282	N. Miami Bch, FL 33160

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4TH FL MIAMI FL 33145		Name: Anthony R. Rodriguez Street Address (P.O. Box Number is Not Acceptable): 3741 Sunny Isle Blvd Ste 282 Suite, Apt. #, Etc.	
		City: North Miami Beach	State: FL Zip Code: 33160

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. or 617.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: 17 Dec 2003

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 12/26/03--01012--017 \*\*750.00

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]* Date: 1/8/04 Daytime Phone #: 305-947-2924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E040 (7/03)